THE LANCET.

LONDON: SATURDAY, JANUARY 23, 1869.

THERE is no question in medical politics in which the general practitioners of the country have so deep an interest as that of their own representation in the General Medical Council. If they do not assert themselves a little more, and take a little more pains to secure the recognition of their status and dignity, it is gravely to be feared that, between State physicians on the one hand, and consulting practitioners on the other, they will be quietly allowed to sink into insignificance, and have assigned to them a position—relatively to those dignitaries—somewhat comparable to that which the old apothecary used to occupy in relation to the fully fledged physician. One has only to look over the list of the officers of our Medical Societies, to see how almost completely—we had almost said contemptuously—the general practitioner is ignored by our learned Societies. In the last list of such officers which happens to be before us—that of the Clinical Society—there is not a single general practitioner's name. It is very much the same in the other Societies. But it is in the Medical Council itself that the general practitioner, as such, is most conspicuously ignored. There are indeed some members of that Council of the greatest use and influence who are in general practice. But these probably owe their election to their official relations to their respective corporations rather than to their standing as general practitioners. It can scarcely be otherwise when we consider the way in which the members of the General Medical Council are at present elected. They are elected for the most part, not by Colleges and corporations in their entirety, but by the councils of those bodies, who seem to think that they are of far more importance than the bodies themselves. This is a delusion which in the Universities and in some of the Colleges has in a great degree been dispelled. But in regard to those bodies which more largely than any other represent, or rather should represent, the mass of general practitioners, in England at least, the election is entirely in the hands of the governing body, and the mass of the corporation is not consulted. Those bodies are, of course, the Royal College of Surgeons of England and the Apothecaries' Society. The Medical Council being so elected, it is not to be wondered at that it has the spirit and bearing of an old corporation towards the body of the profession. We are at first apt to think that it is a young plastic institution of only ten years' life, and ready to adapt itself to the demands of a liberal and representative time like that in which we live. But this is a pleasant mistake to be corrected as soon as we consider either the way in which the members of the Council are elected, or the manner of their spirit towards overtures for representation in the Council from general practitioners. If the Council is not itself an old corporation stiffened by age, it is too truly the representative of a conglomeration of such corporations. It is necessary to bear this in mind. We are too apt to think of the demand of the profession for representation as so plain that it will be soon conceded. So it would be if the Council were not so self-complacent as it is, and if it thought a little more than it does of the profession which it represents, and from which it derives its income. The profession may rest assured that, with the Council so composed and so self-satisfied, any change in its constitution in the direction of a more liberal representation of the profession will not be conceded without much more urgency of demand than has yet been manifested. The British Medical Association has taken the matter up. But that Association is not the profession; and only the profession itself, in the various towns and shires of the country, and by using its influence through their parliamentary representatives, will effect this amendment of the Medical Act of 1858, which we need not expect to be included in the amended Bill to be sent up by the Council. There is reason to believe that, though Dr. ANDREW WOOD has lost none of his interest in the subject, he would scarcely repeat his motion without a more determined and extensive support from the practitioners of the country.

Having expressed the need for every Medical Society of the country to take up this subject and to urge it upon the attention of all members of Parliament that can be reached, we have left ourselves little time to discuss the different plans for effecting the object. There are virtually two modes by which it is proposed to give the profession a representation. The one is a territorial plan: dividing the country into certain districts, and assigning a certain number of representatives to each. This is the proposal of the British Medical Association, stated in their memorial of last year; and, with some modification, it is the plan recommended by Dr. ANDREW WOOD. The Association proposed the addition of eight members to the present number, assigning four to England, two to Scotland, and two to Ireland; Dr. ANDREW WOOD, the addition of six members, giving four to England, one to Scotland, and one to Ireland. The other plan by which it is proposed to make the Council more representative of the profession is by entrusting the election of the representatives of the various bodies to the members of these bodies, instead of, as for the most part at present, to their councils and senates. This is not a territorial plan, but a collegiate one. It is maintained by the advocates of this plan that, according to the Charter, for example, of the College of Surgeons, the College is composed, not merely of the Council and of the Fellows, but also of the Members; and that when the Medical Act assigns the duty of electing a representative in the General Medical Council to the College, it assigns it to the *Council, Fellows, and Members*. If this view be correct, and it is one which we took at the time of the passing of the Medical Act, and which was then sanctioned by high legal opinion, it is a gross interference with the rights of Fellows and Members which is practised by the Council of the College of Surgeons. It is not only a gross interference, but it is one which lessens the otherwise deservedly great weight of Mr. HAWKINS in the Council, for it makes him the representative of twenty-four gentlemen instead of the representative of thousands, as he

might have been. The great arguments for election through colleges and corporations are—first, that it recognises the collegiate or corporate relations of the members of the profession which alone the law recognises; secondly, that it involves no addition to the present members or expense to the profession; thirdly, that it is involved in the existing charters of some of the principal corporations, and could be made applicable to all with less legislation than the territorial plan. It is a fact, which should not lessen the indignation of the Fellows and Members of the College of Surgeons, that other bodies as learned as itself take some thought of members not in the Councils;—for example, Dr. ANDREW WOOD is elected by the Fellows of his College; Dr. PAGET by the Senate of the University of Cambridge, the Senate including the whole body of Masters of Arts and Doctors of the several faculties, whose names are in the University or College Board. The same body which elects the representative of the University in the Medical Council elects the Members of Parliament. Dr. BENNETT is elected by the Fellows of the College of Physicians.

Whatever mode be preferred, however, let the profession lose no time in asserting its determination to be represented in the Council.

WHATEVER may be the final judgment of the profession on the important question raised by Sir JAMES SIMPSON with regard to the comparative merits of permanent and of temporary hospitals, there can be no doubt at all that the manner in which the discussion was commenced was most objectionable. If Sir JAMES SIMPSON, or anyone else, desired to see a great and radical change in our whole system of hospital building, the obvious and only proper course was to discuss the matter, in the first place, privately with some few persons of first-rate authority upon all questions connected with the hygienic, the architectural, the administrative, and the economic aspects of hospitals, and then to have presented the result of these mature deliberations to the profession in the calmest and most business-like manner. This is very different from what has actually been done. So fierce, and, we may fairly say so, indiscriminate was the attack which Sir JAMES originally directed against the existing hospital system, that it immediately produced two very mischievous effects—it frightened the public, upon whose liberality the maintenance of our hospitals depends, so seriously as to threaten an embarrassing interruption of the customary contributions; and, on the other hand, it raised a strong prejudice amongst well-informed medical men against anything and everything which its author might choose to say thereafter on the subject. A letter from Sir JAMES SIMPSON in the *Scotsman* of the 12th instant gives us some hope, however, that by degrees he may be brought to understand that along with matters which are really important, and which the profession is bound to inquire into without delay, he has mixed up things which are altogether irrelevant, and has thus produced a very unfortunately erroneous opinion, or sentiment rather, in the mind of the public. Once for all, we must protest against the use of arguments like the following:—1. The Lariboisière Hospital, in Paris, is well known to be one of the worst ventilated buildings in the world; yet we constantly hear it quoted, by sanitary reformers like Sir JAMES SIMPSON, as an instance of the failure of even the best sanitary precautions to make a large permanent hospital healthy. 2. The case of midwifery hospitals is persistently urged as a proof of the bad consequences of the treatment of diseases generally in hospitals, although it is perfectly well known that the condition of lying-in women is a special one, and although it is now almost universally admitted that isolation of such patients is necessary to their safety. 3. The case of surgical patients with large wounds is also commonly, but most illogically, urged as an argument bearing on the results of hospital treatment generally.

Now, all this is nonsense; and very mischievous nonsense. In the first place, the profession has long been substantially agreed that midwifery patients ought not to be aggregated in open wards; and Sir JAMES SIMPSON, if he desires to do real good in this way, should direct his attention to the details (which must be settled, but will be very difficult to settle) of a plan which shall combine perfect isolation and safety for each individual patient, with such a degree of aggregation as shall admit of reasonably economical administration; and shall also give opportunities for the education of students, by providing them with a sufficiently large clinique, and the opportunity of tutorial instruction in the application of instruments, and other difficult parts of midwifery. And as it is plainly impossible, physically as well as economically, to build midwifery hospitals in London and other large towns on the tent plan, or the hut plan, or the cottage plan, the practical question to be considered is whether a building for this purpose might not be made sufficiently safe by isolating each patient in a separate ward; and sufficiently cheap in construction, by being built of iron, to counterbalance the great increase of administrative expense (of nursing particularly) which would be involved by the plan of separate wards. In the next place, the case of *surgical* hospital patients, in so far as there is any real ground for Sir JAMES'S alarming statements, is surely to be remedied by exactly the same species of precautions as we have above suggested for midwifery cases. But it would be absurd to maintain that the bulk of the surgical cases treated in hospitals are of such a nature that their aggregation is likely to engender a dangerous "traumatic atmosphere." The danger of erysipelas, pyæmia, &c., of course arises from those few cases which possess large foul or suppurating wounds; and common sense indicates that the truly efficient and also economic precaution would be to deal with these patients in a separate division of the hospital. Here, again, it is well worth considering whether Sir JAMES'S proposed temporary iron structures might not be employed, with the additional precaution, however, of isolating each patient.

The case of infectious fevers, again, is eminently an instance in which the proposal of temporary, as opposed to permanent, hospital structures, deserves serious consideration.

After all, however, there remain the whole of the non-infectious medical cases, and a very large number of surgical cases, which do not come under any of the above specified heads; and, with regard to these, we challenge Sir JAMES SIMPSON to produce one tittle of sound, well-sifted

evidence in support of the belief that they suffer in any way from aggregation in hospitals; while it is needless to say that hospital treatment and hospital luxuries prevent an amount of human misery which is incalculable. There have, indeed, been plenty of strong statements about the danger to these as well as to the more special classes of hospital patients. But if anyone desires to appreciate the value of these vague, yet strong assertions, we recommend him to study the able Report of Dr. BRISTOWE and Mr. HOLMES to the Privy Council (1864) on the Hospitals of Great Britain. In all seriousness, we must say that it is inexcusable for a man of Sir JAMES SIMPSON'S intellectual and professional status, speaking, as he has done most obviously, *ad populum* rather than *ad clerum*, to reproduce statistical mares'-nests which were effectually exploded in a public document now more than four years old. In that document, and in the comments of Mr. SIMON in the introductory report, Sir JAMES, who now talks of "1000 amputations in country practice," may learn the caution necessary in dealing with such subjects. If he has not read that report, he has no business to speak on the question of hospital hygiene at all. If he has read it, he must know very well that to contrast the mortality after amputations at the Edinburgh Infirmary with the results of amputations in miscellaneous private practice, is to compare two things which are totally incomparable, except with countless precautions which it is almost impossible he can have taken. And, finally, we must protest against arguments derived from a series of 1000 cases in country practice, which cases have not yet been published nor submitted to any public medical criticism whatsoever.

IN the visits and presence of the doctor, in times of severe sickness, there is apt to be a certain element of sentimental tenderness, which is sometimes rudely dissipated by the advent of the inevitable "bill." It is no small comfort to the friends of the sick to receive, twice in the day instead of once, a visit from the single person in whom they repose confidence, who fully sympathises with their trouble, and who yet stands sufficiently aloof from it to be a guide and helper. Six months afterwards, when the patient is quite well, when those around him have come to the conclusion that perhaps he was not so very bad after all, and when the pinch of the expenses, or of the loss of income, produced by sickness, is beginning to be felt, there comes also the consciousness that those two visits in the day have cost precisely twice as much as one visit would have done. There are ill-conditioned people in all ranks of life, although they are fortunately very few in number, who are then unable to recall the anxieties and emotions of the sick room, or to consider that the favourable result might easily have been a fatal one. With them the doctor, once the comfort and stay of the house, comes to be looked upon as an extortioner; and his modest charges are scrutinised with reference to the probable "profit" that they represent. He usually waits with great patience for his due; and his very long-suffering aggravates the case against him. If his charges were paid, the trouble would soon be forgotten. Whilst they are unpaid, they are a constantly recurring grievance, daily stirred up and intensified by the sight of his brass plate, or by his friendly greeting on the road or in the market-place. Irritation smoulders, and at last breaks out into flame. The once grateful patient becomes the defendant in a court of law; and the once highly-esteemed doctor is denounced as a monster who lives in unholy luxury by fleecing "gentlemen of slender means."

It is obvious that the remedy for all this would lie, in a great measure, in a known and uniform scale of charges for attendance, in the entire elimination of charges for drugs and medicine, and, in the case of "gentlemen of slender means," in a system of annual contracts.

We have been asked to say something as to what the scale of charges should be; and we can only do so by mentioning one that we have found to work satisfactorily in a large general practice in a mixed town and rural district. For patients within the turnpike gates around the town, five shillings a visit. For patients outside the turnpikes and within a three-mile radius, seven shillings and sixpence a visit. For patients beyond three miles and within five, half a guinea a visit. For small people, such as clerks, lesser shopkeepers, and the like, these charges are reduced to three shillings and sixpence, or even to half-a-crown a visit, at the discretion of the practitioner, without much reference to distance; but it is clearly stated that this is done as a matter of consideration, not as a matter of right. No medicine is supplied; but prescriptions are given to the patients, and medicine is ordered in quantities and doses calculated to render it inexpensive.

With regard to our second point—charges for medicine,—we cannot think that it is any part of the duty of a medical practitioner to supply physic to the sick. Dispensing, and the education of druggists, have greatly improved of recent years; and there are probably few localities in England in which, if medical men refused to dispense, druggists would not be found able and willing to do so. Any profit that may accrue from selling medicine is more imaginary than real, because it is always balanced by a diminution of charges for attendance; and in so far as it is real, it is dearly purchased at the cost of retaining a trade element, and an unfitting occupation, as part of the work of members of a learned profession. Moreover, the abandonment of dispensing by medical practitioners would extinguish the so-called "counter practice" of druggists at a blow. Druggists seek profit, not responsibility. If the druggist knew that he would be called upon to supply the medicine in any case, he would have no wish to prescribe it. In many large towns, and in some country districts, the practice of dispensing has already been abandoned by general practitioners, to their great comfort and advantage, as well as to the improvement of their social status; and the difficulties, such as they are, that stand in the way of this example being universally followed, might easily be removed by time, and by the common consent of the profession. The Poor-law Medical Officers' Association would do good service by including the abolition of the drug supply by doctors within their programme of desired reforms. In the meanwhile we would say, therefore, to practitioners in remote districts who have not now a competent druggist within reach, that, if they must supply physic, they may

at least mark their sense of its true relation to their art: they may charge adequately for attendance, and may give the physic away.

The system of annual contract meets the case of the poor gentleman precisely. His grief is that he lives up to his small income without thinking of illness, and then, when illness comes once in three years, and he has fifteen pounds to pay, the pounds are wanting. Men so situated should agree with their doctors for an annual sum, to be fixed every three years upon the average attendance of the three years past. The plan works admirably in practice; and its chief fault is that, by securing early attention in all cases, it prevents so much illness that the families obtain, from this very cause, a *primâ facie* plea for a reduction of their payments.

One more word and we have done. There are limits to human patience; but within those limits we counsel our brethren to abstain from law. For people who insult their doctors when they no longer need them, and who try to cheat them of their fees, Coventry is a better remedy than the county court. A man rushed hurriedly into the shop of a Quaker,—"Will you give me three sixpences for a shilling?" "I will," replied the unsuspecting Quaker, offering two sixpences. "But I said *three*," rejoined the man. "Well, friend," answered the Quaker, "I will give them to thee this once, but thou must not come again on the same errand." It is better to say to a cantankerous patient, "You are very welcome this once," and to warn professional neighbours of his ways, than to emulate tradespeople by taking ledgers before a judge, and by chaffering in court about the value of services which, if valuable at all, are priceless.

WE see with great satisfaction that a movement, which we felt certain was inevitable, but had not ventured to hope for so soon, has commenced in earnest. The Central Asylum Board, appointed under Mr. GATHORNE HARDY'S Act to superintend the business of providing for the erection of those buildings for the sick which the Act ordered to be paid for from a common fund, has become restive; and a Mr. BRUSHFIELD took the opportunity of certain grumbling memorials being presented to the Board from various aggrieved parishes, to move a resolution which is most important in its tendency—a resolution, namely, to the effect that the Board recognises the necessity of measures being adopted for remedying the inequality of assessment prevailing within the Metropolitan Asylum District, and recommends the presentation of a petition to Parliament. Of course there was much disputation over the matter; but the amendment of Mr. SPENCE, which was ultimately carried, was not seriously different from the original motion; for it resolved that the memorials of the discontented parishes be forwarded to the Poor-law Board, with an expression of opinion that the Poor-law Board should promote a measure for remedying the inequalities of assessment prevailing within the Metropolitan Asylum District. Mr. GOSCHEN certainly cannot afford to treat this movement lightly. No one knows better than he the disgraceful way in which the rich parishes elude their just burdens. They escape, in the first place, in consequence of the parochial system of rating, which throws the heaviest taxation on the poorest parishes. But the natural tendency of things would in some measure punish them for this; inasmuch as houses in districts where there are few poor and a small rate are let for higher rents. By a conspiracy, however, which is essentially dishonest, these very parishes assess their houses to the rates at a fancy rental, which is enormously below the real value. The consequence of this, in any instance where a common metropolitan fund has to be subscribed to, is that an obvious and direct injustice—of a kind which, in commercial matters, would receive a very ugly designation—is inflicted on the more honest parishes. At last the wrong has become a little too glaring. Mr. HARDY'S Act, by calling into existence a central board in which the justly discontented unions are represented, while at the same time it aggravates indefinitely the injustice inflicted, is the torch that has fired the smouldering elements of discontent. What can Bethnal-green and such like parishes expect any help from, except from downright rebellion, when every claim of justice is so violated? The Central Asylum Board have undertaken the perfectly proper and necessary task of providing greatly improved hospital accommodation, by which it is hoped that pauper sickness will be more efficiently dealt with than at present. If they do their duty, they cannot, as is already quite apparent, avoid incurring a very large amount of expense—a burden which must be borne by the ratepayers somehow or other. But, with a perverse ingenuity, matters have been left to stand like this: (1) Only a third of the money to be expended on the necessary new and improved buildings will be placed in a common fund; (2) that common fund will be unfairly collected, to the disadvantage, in several instances, of some of the most heavily burdened parishes; (3) the common fund itself will be administered by a body which does not possess any adequate knowledge of the way to expend it with a combination of economy and efficiency; and (4) the remaining expenses in building and so forth, caused by Mr. HARDY'S Act, will fall with crushing force upon parishes already half ruined.

No doubt the parishes, and for that matter some of the intending reformers, are making a very unwise clatter against the mere fact of the expenditure upon hospitals. We repeat what we have said before upon this subject: that it is not the mere amount of money that must be spent upon rendering the hospital accommodation for sick paupers efficient which need be burdensome to London ratepayers, if only the distribution of the burdens were equitable. The Central Asylum Board is undoubtedly in the right to insist strongly upon the necessity of a re-assessment of London property to the Poor-law. Until this is done—indeed, we go further, and say that until the rates are equalised—there is no hope that any scheme for improvement of the in-door sick paupers can prove feasible. Meantime we may fairly ask, How does it happen that the very part of Mr. HARDY'S scheme which he specially dwelt on as a grand improvement—the establishment of dispensaries for the out-door poor—has not been carried out? There is only one answer to the question, and that is, that the whole working of the Metropolitan Poor Act has proved so cumbrous and difficult, that the best friends and most earnest supporters of that

measure do not know how to carry it out in its integrity. Such is the fate of all measures which are based upon a time-serving compromise, instead of a rational conviction. The only favourable aspect of the present state of things is the hope that the multiplied difficulties in which the President of the Poor-law Board must find himself may quicken his sense of the necessity of asking Parliament for a Royal Commission, composed of a few sensible and unprejudiced persons whose business it should be to re-examine the whole question of State relief to the destitute.

THE meeting of the Council of the College of Surgeons, held on Thursday, the 14th instant, was devoted, as we briefly announced last week, to the consideration of the financial position of the College, which, as we have on more than one occasion pointed out, is far from satisfactory *in prospectu*. Anyone who will take the trouble to investigate the accounts of the College, as published in the Calendar (which can be purchased for a shilling in the College office), and to look back to previous years, will find that the funded property of the College has decreased, whilst the income derived from the fees paid for the diplomas of the College does not equal that derived from the same source some years back; in fact, is smaller than it has been for thirty years. It can hardly be doubted, also, that with the various surgical degrees of the Universities coming into active competition with the College, a still further diminution may be expected, to say nothing of the fact that the number of young men entering the profession is smaller than it was. But the most serious blow to the financial prosperity of the College will undoubtedly be the arrangement to which all modern legislation is evidently tending—the adoption of a joint examination on the part of the Colleges of Physicians and Surgeons, with a single diploma for the one faculty. When any such fusion is brought about the income of the College of Surgeons must of necessity be curtailed.

Under these circumstances, it is well for the Council to be looking narrowly into the receipts and expenditure, which last year ran so closely together as to leave a balance of only £187 in favour of the College, and in some years have resulted in a *deficit*. The College receives on an average some ten thousand pounds per annum from the members of the profession in the form of fees for diplomas, and of this about £3500 go in fees to examiners, diploma stamps, &c., which are of course necessary expenses; £2500 are spent in the College department, £600 in the Library, and nearly £2000 on the Museum. There is thus left about £2000, with the £1200 derived from funded property, to defray all the incidental expenses, such as rates and taxes, lectures, prizes, pensions, &c., the first of these items alone amounting to £765.

Under the existing system of conducting examinations by *ten* examiners, we do not see how the emoluments of these gentlemen can be curtailed; but, as regards the other great heads of expenditure, some radical alteration is, we believe, called for. The College department absorbed £2598 last year, more than half that sum being devoted to salaries and wages, and the remainder to office expenses. It *may* not be possible to curtail the salaries of College officials, but at least the collateral expenses of printing and postage might be reduced by careful supervision and audit of accounts. The Library of the College, too, is by no means so perfectly managed as could be wished; and yet it appears that the salary of the librarian (who has a residence also) equals the sum spent upon books and binding. It is the Museum department, however, which is the "white elephant" of the College, and absorbs its £2000 per annum on an average. No one can deny the magnificence of the collection, or the assiduity and skill with which successive curators have carried out the intentions of the great originator of the collection—JOHN HUNTER. It becomes a question, however, how far the Council of the College is justified in expending a large sum, drawn from the pockets of the profession, in expanding a collection which has already far exceeded in magnificence anything its founder could have contemplated. The Government originally paid £15,000 for JOHN HUNTER'S collection, and voted £27,000 subsequently for a building, which was supplemented by £21,000 from the College's funds. In 1835 the College again expended £40,000 upon its buildings; and, still further enlargement being required, £41,000 was expended in erecting the Eastern Museum, towards which Parliament voted £15,000. The account, then, between the College and the Government stands as follows:—Parliament has voted £57,000, and the College has spent in addition £87,000, besides incurring an annual expense, which for some years has averaged £2000, in maintaining the efficiency of the collection. Has not the time come for either seeking aid from the Government, or ceasing to incur fresh expenses by making further additions to an overflowing collection? The Council would be very unwise to take any decided step in either direction without consulting the feelings of its fellows and members; and it appears to us that no wiser or more popular course could be taken by the President than to convene a meeting of the fellows and members, within their own College, for the discussion of the question. It has been suggested, we know, in more than one quarter that the Council might itself inaugurate economy by giving up the fees paid to its members; but, as these amount to less than £300 per annum, a sacrifice which might possibly lessen the punctuality of the members is hardly worth consideration. Let the Council once admit the fellows and members to a discussion of the affairs of their own College, and an easy remedy will be found for financial difficulties.

Medical Annotations.

"Ne quid nimis."

NEW EXPERIMENTS ON THE PRODUCTION OF TUBERCLE.

IN the last number of Virchow's *Archiv*, which has just come to hand, is contained an account of an extended series of experiments by Cohnheim and Fränkel, relating to the inoculation of tubercle, which in every respect confirm the results arrived at by Dr. W. Fox and Dr. Burdon-Sanderson a

year ago. Having first satisfied themselves as to the entire identity of the lesions with miliary tuberculosis in man, both as regards the naked-eye characters and the microscopical structure, they directed their attention to the question whether or not they are due to a specific virus. With this view they introduced into the peritoneal cavities of guinea-pigs minute portions of various morbid growths, as well as of healthy tissues obtained from the post-mortem theatre. The results agreed entirely with those described by Dr. Fox in his lecture last May. Not satisfied with these results, they introduced into the same cavity portions of india-rubber, of charpie, or of paper. The results in all cases were the same. A caseous abscess, enclosed in a vascularised capsule, was always formed at the seat of insertion, while the peritoneum, lungs, liver, and other organs were the seat of unequivocal miliary tuberculosis. From these facts the author drew the same inference as that arrived at by Dr. Burdon-Sanderson in his communication to the Pathological Society last April—namely, that the infective material, whatever may be its chemical or physical properties, is contained in the caseous pus which in the guinea-pig is always to be found in greater or lesser quantity in the neighbourhood of inoculation wounds. For the purpose of testing the truth of this surmise, the authors varied their mode of experimentation. In several guinea-pigs a liquid consisting of caseous pus, diluted with a solution of one part of common salt in two hundred parts of water, was injected into the jugular vein. All became tuberculous. Fresh whipped blood was then injected into other animals in the same way, and finally, in another the operation preliminary to injection was performed without injecting anything. The results were the same throughout. All had abscesses at the seat of injury, and all eventually died of miliary tuberculosis. The authors went a step further. Knowing that whereas in the guinea-pig any external wound, however inconsiderable, is apt to produce suppuration, and slight injuries very rarely produce this effect in the dog, they repeated the same experiments on this animal. The result confirmed their anticipation. The injection of caseous pus always produced general miliary tuberculosis. It was not necessary to repeat the negative experiment, for the every-day experience of the physiologist teaches that in dogs the mere operation of injection by the veins is never attended with any consequences.

The terms in which Drs. Cohnheim and Fränkel formulise their conclusion, "that tuberculosis is due to the entrance of dead and inspissated pus into the circulation," are not the same as those employed by Dr. Sanderson, who attributed it to the "caseous softening" of the primary local induration, and considered that, in inoculation under the skin, subcutaneous suppuration was the essential condition of infection; but we do not see that there is any essential difference between the two explanations. It is proper to add that the Berlin experiments were begun in 1867, and were carried out in entire ignorance of those made in London. Indeed, the authors do not appear even yet to have seen more than a mere abstract of them. The only reference to them which their paper contains is the following:—"Experiments have been very recently published by two English authors, Sanderson and Fox, the results of which harmonise very well with ours." Truly it appears as if in Germany pathologists are scarcely more conversant with our literature than we are with theirs.

PROF. SYME AND THE MEDICAL COUNCIL.

OUR readers will not be surprised to hear that great regret continues to be felt at the non-election to the General Medical Council, at this important juncture, of Professor Syme. The whole subject of the mode of medical education will fall to be discussed at the next meeting of the Council; the discussion arising out of a mass of evidence that is accumulating in the hands of the Committee on Medical Education, which was appointed on the motion of Professor Syme, he himself being chairman of the committee. In addition to Professor Syme's relation to this inquiry—the most important that has been undertaken by the Council—his own personal views on the subject are entitled to the greatest consideration. It is due to him, whether we consider his labours in the Council or his experience as a clinical teacher, that he should have the opportunity of stating his views to the profession in the Medical Council itself. All parties in and out of the Council will admit this much. And, if no other way of retaining Professor Syme in the Council can be devised, we have reason to believe that he will be proposed as the next President of the Council, to succeed Dr. Burrows, whose term of office expires at the next general meeting. We are not insensible to the objections that may be made to this proposal, the principal of which will be that the president ought to reside in London. As a rule this may be conceded. But it should be enforced by occasional exceptions, and we think that the present is an occasion for departing from the rule, if Professor Syme can satisfy the Council that, whenever necessary, he could make it convenient to be in London. Some may think that, with all the Professor's good qualities, he does not possess the personal qualities to be desiderated in a chairman; but those who have seen him in the chair will think somewhat differently. He has, doubtless, some peculiarities; but notwithstanding these, "we are all proud of him." These would be greatly qualified by his occupation of the chair, where his kind and intensely practical nature would find scope. It would scarcely be reason enough for electing Mr. Syme to the chair of the Council that he is chairman of the Committee on Education, and a clinical teacher of the highest authority, if his name were not likely to be of weight with the public and with the Government. But this is not the case. Professor Syme is known throughout not only the empire but the world. In our opinion, the influence and reputation of the Council would suffer no abatement by the election of Professor Syme to the chair, and his presence seems to us so desirable in the approaching meeting that we should be pleased to hear of his election.

THE MEDICAL TEACHERS' ASSOCIATION.

THE last meeting of the Medical Teachers' Association was worthily opened by the very able, though brief, address on the all-important subject of clinical teaching, delivered by the new President, Sir William Jenner, which will be found on another page. Sir William Jenner's reputation as a clinical teacher renders any remarks of his upon the mode of conveying clinical instruction especially valuable, and we trust that the Association may have an opportunity, at some future meeting, of discussing fully this important subject.

The business before the meeting was to receive the amended report of the Council on Medical Education, which has been already discussed in clauses by the Association. The report was found not to have included, by some mistake, some of the alterations voted at previous meetings, but these were readily amended by referring to the minutes. When, however, the well-known Clause VII., which provides for the several examinations which the student should undergo, came on, it was found that the Council had coupled "rudiments of anatomy" with the "preliminary scientific examination." But, in the discussion which ensued, it was

shown that the Council had only carried out the instruction of the Association—that the first year was to include the study of anatomy, holding that no study should be required of which examinational proof was not given at the end of the session. The door being thus opened to alteration, it was immediately moved by Mr. Heath and seconded by Mr. Holmes, that the amount of science required of medical students was too great, and they proposed to eliminate the subjects of botany and zoology from the preliminary scientific examination altogether. In the discussion which ensued the feeling of the meeting was evidently in favour of the proposition, but it being thought unfair to rescind a resolution without formal notice, Clause VII. was passed over, and the remainder of the report accepted on the understanding that, at an adjourned meeting on the 29th inst., a distinct vote should be taken on the question.

We understand that the following notice of amendment has been sent in by Messrs. Heath and Holmes, and will be circulated with the summonses to the meeting of the 29th. Instead of, "first, in common preliminary education, which should include elementary chemistry, physics, and botany; second, in preliminary scientific education—that is, chemistry, physics, botany, and zoology of the present system, and also the rudiments of anatomy;" it is proposed to read, "first, in common preliminary education, which should include botany and elementary chemistry; second, in chemistry, physics, and the anatomy of the bones, ligaments, and muscles of the human body." Thus it will be observed that both the first and second examinations are relieved; the first by the transference of "physics" to the second examination, and the second by the omission of botany and zoology, which, as was observed the other evening, are no more *essential* for a medical man than trigonometry. The rudiments of anatomy being a very vague phrase, it has been thought better to define the exact amount of anatomical knowledge a student *must* learn in his first year, though there is no bar to his studying the more abstruse subjects if he has both time and opportunity; and the examination being, of course, demonstrative, would ensure careful dissection during the first year.

It now remains for the members of the Association to act up to the spirit of Sir Wm. Jenner's address, and remember that, to have weight and influence with the licensing bodies, "the opinions expressed by the Association must represent the convictions of an overwhelming majority of the teachers who compose it." The question to be discussed next Friday, will be one which will influence the education of medical men for years, and will have an influence for good or evil possibly for generations. It will be of very little use if the teachers who support the view that our students are intended, with few exceptions, to be *practitioners*, remain by their firesides, and leave the field to those teachers of science who would fill every man as full as they themselves are of a special subject. We should be sorry to be misunderstood as decrying scientific knowledge or the value of it; but we entreat the teachers to remember that they have to legislate for the average medical student, and not for the giants who become Hunters, Owens, or Huxleys in after years by their own efforts.

PROFESSOR PETTENKOFER ON CHOLERA.

THE interesting account which Drs. Cunningham and Lewis have given of the interview with Professor Pettenkofer shows that that able observer adheres firmly to his ground theory of cholera. In his eyes it appears to be essential that the "germ" of cholera should pass into ground suitable for it before it can become dangerous. As far as we can understand, he does not doubt that it there undergoes some sort of growth or development, although he refuses to assert whether or not this is of a fungoid nature. He has lately endeavoured to strengthen his case by an analysis of the causes which have rendered Lyons so singularly free in all epidemics from cholera, although it is supposed that on the last occasion many thousands of persons (some of them no doubt with cholera) left Marseilles and other places where cholera prevailed, and entered Lyons, which yet remained free. We hope that Drs. Cunningham and Lewis, as well as all others who have the opportunity, will examine thoroughly into this theory of Pettenkofer. The work is simple enough. A geological map, sufficiently minute to show the formation of very small areas; personal examination of the soil and subsoil where this can be got at; the varying level of the ground water; the temperature of the soil, and the amount of air contained in its interstices;—these are the points which require examination. For determining the level of the subsoil water Pettenkofer chooses wells which are not likely to be affected by tidal movements from adjacent rivers or seas, and then measures the distance from the top of the water to the surface of the ground from week to week, or from month to month. He uses for this purpose a rope, carrying at the end a stick some foot or eighteen inches long, with a number of little flat saucers on it, about half an inch apart. The usual depth of the well being known, this instrument is let down into the water, and on being drawn up shows at once, by the position of the top saucer which contains water, the exact level of the water of the well. For ascertaining the temperature of the soil he uses thermometers with large bulbs, so that he can read them when drawn up before the mercury has time to fall; but he might better employ self-registering thermometers, such as those used in the thermometrical observations of patients. His plan for ascertaining the amount of air in soils we do not know in all its details, but we are informed he has succeeded in showing that the amount of air, even in tolerably dense soils, is much more than was supposed, and that there would be no difficulty in the passage of the minute "germs" of cholera through the numerous air-passages in the lighter soils. Without passing any opinion on the amount of truth in this theory, we cannot but recollect that Pettenkofer is one of the most exact experimental philosophers, and that every creed of his is invariably backed by very strong evidence. We hope it may be the good fortune of the medical officers of the army in India to finally prove this theory, or enable us to discard it.

RUMOURED REDUCTION OF THE MEDICAL SERVICES.

RUMOURS of reduction of all kinds are afloat. Retrenchment is still the cry. The screw of the financial reformers is being applied successively to every branch of the public service, and it will, no doubt, receive an extra turn when fitted to the medical departments. The great saving, it is supposed, will be mainly effected, however, by the reduction of the garrisons in our colonial possessions. It is believed that Mr. Cardwell intends to make our colonists either pay for the use of the regiments they require, or go without them. The *Broad Arrow* asserts its belief that the forces will be reduced by 8000 men.

We do not envy the task which the heads of the medical services have before them. On the one hand, they will be subjected to the pressure of political economists, who, according to the first Napoleon, would soon grind a government of granite to powder; and, on the other, they are, we may suppose, sincerely desirous of protecting the departments they represent from the effects of an unjust economy. The navy need not have much fear, we imagine, seeing that it has been reducing itself spontaneously by a comparative dearth of medical candidates. If a reduction take place—

and of this we have very little doubt—one thing is quite clear: a number of duties which medical officers now perform will have to be dispensed with. This ought to be a subject of rejoicing. To keep men, educated for the medical profession, watching rifle butts, in order to succour a wounded soldier once in five years, we may suppose—and then to be unable to do immediately, and on the ground, more than any intelligent sergeant could be taught, seems to us absurd. The time has surely come to relieve medical officers of a good many quasi-military duties, and confine them to those of a professional character. Of one thing there can be no doubt—viz., that reduction must advance *pari passu* in all branches of the service. It certainly should not fall exclusively or disproportionately on the medical, the sum spent on that being insignificant as compared with that squandered in other departments and services. Our contemporary, the *Army and Navy Gazette*, appears keenly alive to the extravagant organisation of the medical branch of the army. Not to be behindhand in our solicitude for those branches over whose interests that journal more particularly watches, we may venture on a few suggestions in return. There is, to commence with, the twofold system of Horse Guards and War Office, with its host of clerks devising the movement of troops at one place, and checking coal returns at the other; the large number of officers, staff and regimental, of our army as compared with the French; the Military Store Staff Corps discharging duties which the Royal Artillery could fulfil; the money spent by the Select Committee in testing all the inventions which are brought forward; the body of troops—first-rate they are, no doubt—of Royal Marine Artillery, discharging no garrison duties on land, and not permitted, we are told, to fire a gun on shipboard while blue-jackets are present; the heavy cavalry regiments, which, in the face of an enemy armed with modern rifles, would only present empty saddles to the foe; the depôt battalions; the system of recruiting, and our separate and expensive system of regulars, militia, and volunteers. These are matters in which retrenchment could be undertaken with an amazing effect in reducing the estimates.

THE NEW INFANTRY EQUIPMENT.

WE have received a long communication from Lieutenant-Colonel Carter regarding the knapsack invented by him and used by the 92nd Gordon Highlanders. We regret that we cannot publish Colonel Carter's letter, on account of the matters discussed by him being more of a military than a medical character, and, consequently, scarcely adapted to our pages. We arrived at this conclusion after some hesitation and not a little regret, which is not diminished by the courteous way in which he appreciates our observations and criticisms. The soldier's equipment must, of course, be looked at from a military as well as a hygienic point of view, although we are only qualified to judge of the latter. Colonel Carter quotes the testimony of several military officers in favour of his own invention, and states the objections which have been urged against the system recommended by the War Office Committee. The valise, he states, is objected to by the men; it causes heat and perspiration, and liability to chills on removal; and he goes on to quote from the report of Lieutenant Raper of the 98th Regiment some of the eight defects alleged by that officer against the plan of the Pack Committee. Colonel Carter likewise criticises the Committee's report of the plan of carrying the ammunition in pouches, and quotes Sir Thomas Troubridge's opinion as to the valise equipment system being unsuitable for the regular forces. He finally asserts in regard to his own equipment that he believes it to possess all the advantages, and none of the disadvantages, except in a small degree, of the valise equipment; and he asks for a competitive trial.

We have always understood that, as far as the medical members of the Committee are concerned at any rate—and we have no reason for believing they differed in this respect from the military members,—they were most anxious to have the subject fully discussed, and to consider it with impartiality. We, therefore, gladly give publicity to Colonel Carter's opinions, and his challenge to a competitive trial with his own pattern against that recommended by them; though we have already expressed our opinion as to the advantages of the Committee's plan.

PAUPER NURSING.

EFFORTS which we have made on behalf of the sick poor are bearing remarkable fruit throughout the country. The force of public opinion, the perception of conscious negligence, and the fear of retribution in some form or other, are awakening guardians to a sense of duty, especially in regard to the nursing in workhouses. We observe with satisfaction that at a conference of the chairmen and vice-chairmen of the various Poor-law unions in Warwickshire, held in Warwick on Saturday last, under the presidency of the Lord-Lieutenant of the County (Lord Leigh), it was unanimously resolved to memorialise the Poor-law Board "to take steps for securing to boards of guardians the power to train nurses, or to contribute to some approved institution for the training of efficient nurses, with power to employ nurses from any such institution for nursing the sick poor." It was decided that a copy of the memorial should be sent to all the unions in England requesting their co-operation. It was also resolved that the attention of the Poor-law Board should be directed to the necessity for establishing, in connexion with the various unions, central industrial training schools in each county for the reception of the children who are likely to become permanent inmates of the workhouse.

ST. GEORGE'S CONVALESCENT HOSPITAL.

THE solicitor to St. George's Hospital has written to the *Daily Telegraph* to correct some misstatements respecting the Convalescent Hospital of that institution. It appears that by the terms of the will of Mr. Morley, who died on the 14th of July, 1858, the income of his estate was directed to accumulate for a period of five years from his death, and during that time the governors of St. George's Hospital were precluded, under the penalty of forfeiting their legacy, from in any wise interfering with the executors in the management and realisation of the property. The five years expired July, 1863; and in January, 1864, an order was made by the Court of Chancery that a scheme for the Atkinson Morley Hospital should be approved by the judge. A scheme was prepared without delay, and was finally adopted by the Court in December, 1864, and a few months previously to that date the site of the Convalescent Hospital at Wimbledon had been purchased by and conveyed to the governors of St. George's Hospital. Immediately the scheme was approved, plans and designs of the proposed hospital were prepared and submitted to the governors, who, having selected a design of a building which, they were advised, could be erected at a cost of £20,000, obtained tenders for such building; but they were unable to accept any tender, the amount of the lowest tender greatly exceeding the estimate. The erection of the building was necessarily delayed for about a year by reason of the above circumstances; but so soon as the original design was abandoned, the governors proceeded to obtain other plans and estimates, and finally a contract was entered into on the 16th of January, 1867, for erection of the building in accordance with the scheme

approved by the Court, which building is now approaching completion. The funds of St. George's Hospital are kept wholly distinct from those of the Morley Convalescent Hospital; and the governors of St. George's will, out of the funds appropriated to the support of that charity, contribute a fair proportion of the expenses of building the laundry at Wimbledon, and the subsequent expense of washing, which arrangement will be highly beneficial to the finances of both hospitals.

THE UNIVERSITY OF EDINBURGH.

THE University of Edinburgh has been gay during the past few days. Her lately-elected Chancellor, the Right Hon. John Inglis, Lord Justice-General, was entertained at a great dinner on the evening of Thursday, the 14th of January. The chair was occupied by Professor Maclagan, who made an able speech, highly eulogising the new Chancellor, and, while allowing the transcendent claims of Mr. Gladstone, justifying the choice of the local candidate, even in preference to the man who has since the election become Premier. The Chancellor, in replying to the toast of his health, did so with much brevity and taste. On the 19th inst., Mr. Moncreiff was installed as Lord Rector, and made a very able and characteristic speech, discursive in range, and not very deep or original in its thought, but eminently pleasant and practical. He reviewed the history, political and academic, of the time which had elapsed since his connexion with the University began. He defended the system of the Scotch universities as being liberal, popular, and practical,—taking just credit to himself for the removal of the only narrowness in the Scotch universities, the religious tests of the faith of the candidates for chairs. He justified a proper study of the classical writers, not only for the unrivalled perfection of their style, but for the love of freedom which appears in all their writings; and he concluded by very eloquently enjoining work upon all the students as the grand and only condition of success and happiness.

THE MEDICAL SOCIETY OF LONDON.

MONDAY evening was occupied in the discussion of important subjects. Mr. Haynes Walton brought before the notice of the Fellows an interesting case of conical cornea. Till now, persons afflicted with this morbid state were doomed to blindness, for they were so far blind in the advanced stage of the disease that all useful sight was lost. By a modern operation, much of the defect is overcome, and the eye again made available. The plan adopted was to dislocate the pupil to the upper and the lower part of the cornea, and to fix it there, so that the rays of light which impinged on the margin of the cornea, where the conical change does not take place, should reach the retina. The patient before the operation was so blind that she could not recognise her most intimate friends, nor get about in a strange house without assistance. Mr. Walton had operated on both eyes, on four different occasions, and each operation had completely answered his expectations. The pupils resembled those of a cat, and were of a slit form. They acted a little under the stimulus of light. The girl was just twenty-four years of age. The disease had been coming on eight years. At present, two months since the operation, she can read large type. She can thread her needle, mend her stockings, and do ordinary domestic work with her needle. She can recognise her friends even across the street. The patient was very carefully examined by all the members of the Society. Mr. Walton said that this was the only case he knew of in which both eyes had been operated on with such success.

Mr. de Méric then read an able paper on a subject still surrounded with some obscurity, namely, "How Syphilis begins and ends." The author treated this interesting theme in a masterly manner, and built up his theories exclusively upon the cases which had come before him during twenty years of public and private practice. To elucidate his meaning the author had decorated—or rather defiled—the walls with groups of coloured drawings, illustrating:—1. What he called the necropolic group, representing the fearfully destructive ulcerations of those who had fallen victims to the disease. 2. A group portraying the loathsome state in which neglectful unfortunates present themselves at the hospital. 3. A regular series of the Hunterian sore. 4. A very rare group, illustrating a pathological manifestation seldom seen,—namely, primary sores in the female. 5. A few of the well-known crusty parchment sores of the sheath of the penis, and some examples of chancrous erosions, balanitis, &c. The gallery was, as far as it went, complete, and aided the descriptions offered in the paper. The latter confirmed generally-received opinions as to gonorrhœa and balanitis not having the power of generating syphilis; and the author made, as to bubo, abrasion, and soft chancre, certain restrictions drawn from actual cases. Syphilis might, exceptionally, linger after these manifestations. The indurated sore, in its three varieties, was, however, found guilty of most of the mischief; and Mr. de Méric tried to show, from facts, that secondaries, as they are called, might, in rare instances, be the only and earliest symptoms of the disease. This opinion was combated by some speakers with much earnestness, and the discussion turned out animated and instructive. The author attempted to show how syphilis ends, but confessed that it was difficult to determine with accuracy whether the complaint was conquered or not, except some reliance were put upon the begetting of a healthy offspring. He had seen patients who had remained well through a series of years, and others who had, very provokingly, suffered many relapses. A striking parallel was drawn between syphilis and the following diathetic diseases: gout, rheumatism, insanity, and herpetism. The mortality was shown to be very small, especially when still-born children, and those who die a few months after birth, from the hereditary disease, were not taken into account. The paper, as the president remarked, was written in a very lucid manner, carefully arranged, and illustrated by numerous cases which could not, however, be read *in extenso*.

THE WINTERBOTTOM NAUTICAL COLLEGE, SOUTH SHIELDS.

A CEREMONY took place on the 12th of this month, at South Shields, not without interest to the medical profession. The Winterbottom Nautical College was opened. The Bishop of Durham and other gentlemen took part in the proceedings. As the name implies, this College owes its existence to the beneficent will of the late Dr. Winterbottom, well known as a writer on the natives and diseases of Africa. Dr. Winterbottom, after being physician to the colony of Sierra Leone, practised medicine in South Shields, where he died some years since, at an advanced age. During his life he had a great local reputation, not only for medical sagacity, but for benevolence. The favourite objects of his benevolence were sailors; and thirty years before his death he designed the statutes and the whole scheme of teaching of this College, for the benefit of *bonâ fide* sailors. Provision is made for giving instruction gratuitously to those who have been one year at sea, in all the branches of science necessary to a practical knowledge of the art of navigation, as well as in those commercial and moral principles upon a knowledge of which the competence

and respectability of seamen so much depend. The College is, architecturally, an ornament to the town, and is replete with every instrument and apparatus necessary for teaching navigation, including a very fine telescope, the work of Mr. Martin, of South Shields, well known in the neighbourhood and the north of England for his microscopes. The success of the College may be expected, not only from the fact that it supplies a great want in the north of England, but from the high ability and enthusiasm of the principal, the Rev. Dr. Hooppell. We can only rejoice that so noble an institution will perpetuate the name and fame of Dr. Winterbottom.

CARBOLIC ACID IN MALARIOUS FEVER.

FROM a despatch which has been forwarded by Sir Henry Barkly to the Colonial Office we learn that Dr. Barraut, the Acting Sanitary Inspector at the Mauritius, and Dr. W. H. Tassier of the same place, have been not only using carbolic acid extensively as a disinfectant, but they have been employing solutions of the pure variety, prepared by Messrs. Calvert and Co., in the direct treatment of the fever cases in the epidemic in that island. These gentlemen speak highly of the therapeutical powers of the acid in intermittent fever. It was employed by them in two ways. One grain of the pure medicinal acid in one ounce of water, with a little brandy or bitter infusion, was administered as a medicine three times a day, and with, it is asserted, remarkably good effects, the relapses being less frequent than after the use of quinine. It was chiefly in those cases in which the fit was ushered in by vomiting that Dr. Barraut found the carbolic acid acted with the greatest advantage. Another method of treatment was by hypodermic injection of a solution of the pure acid; and a table of twenty-seven cases is given in illustration of the effects, with the detailed account of others. The strength of the injection used by Dr. Tassier was sixty-four grains to four ounces of water, of which as much as from twelve to thirty minims were used at a time. We have elsewhere directed attention to the caution which is required in the use of this powerful agent, which, it must be remembered, is a poison; but this method of employing it, as well as the object in view, are, we imagine, novel. We must await the results of further trials before deciding as to the value of the practice. If these should be confirmatory of the experiences of Drs. Barraut and Tassier the discovery will prove both important and interesting.

MR. MILL ON FEMALE EDUCATION.

THAT universal correspondent, the late Member for Westminster, has extended the range of his letter-writing to some ladies at St. Petersburg, who are organising a scheme for the higher education of women in Russia. Mr. Mill says:—"I have learnt with pleasure, mingled with admiration, that there are found in Russia women sufficiently enlightened and courageous to demand for their sex a participation in the various branches of higher historical, philological, and scientific education, including the practical art of medicine, and to gain for this cause important support from the scientific world.....I am profoundly convinced that the moral and intellectual progress of the male sex runs a great risk of stopping, if not of receding, as long as that of the women remains behind; and that, not only because nothing can replace the mother for the education of children, but also because the influence upon man himself of the character and the ideas of the companion of his life cannot be insignificant; woman must either push him forward or hold him back."

It is very curious to watch the mental processes of a philosopher who has not yet learned the elementary lesson that he should distrust his own power of forming an opinion upon subjects that lie beyond the range of his work. Mr. Mill ought to know, if he does not, that the "equal advent of both sexes to intellectual culture," however important, is simply impossible, on account of the organic differences by which the sexes are distinguished. "If equals be added to unequals, the results are unequal." He cannot remove the inequality by any amount of teaching; and, if he could, it is very doubtful whether either men or women, or the children about whom Mr. Mill is so solicitous, would be gainers by the change. There can be little doubt that this letter will be freely quoted in support of the views of those who wish to teach to women the "practical art of medicine;" and it is worth while to point out wherein the chief difficulty of doing so rests. The practical art of healing is one that requires the largest range of personal sympathy—the power of feeling for and with the sick, however uninteresting, or poor, or squalid, or repulsive. Now it is an essential characteristic of women that their sympathies are contracted within a narrow circle. They bestow them freely upon a few persons; they cannot bestow them, and would be practically unsexed if they could, upon a wide range of patients. This is the point at which a system of female doctoring, if it ever reached so far, would break down at last; and we are sorry to see Mr. Mill lending his name to support crotchets with regard to which, indeed, it ought to be utterly without authority. We commend to his advocacy a suggestion that is, we believe, original, and that, if carried out, would open to his clients a profession that is not, in most instances, laborious. Why should not Mr. Mill agitate for the admission of women to holy orders?

THE STRAND "DEAD-HOUSE."

THE public and ourselves were informed almost simultaneously last week by Mr. Charles L. Ryan, of the Exchequer and Audit Department at Somerset House, that the statements made by us of the action of the "authorities" relative to the late sudden death of a clerk in that department, "entirely misrepresent the facts." As Mr. Ryan thought fit to leave those statements unanswered until the time of our going to press last week, we had no alternative but to adopt at once the same measures for defending the accuracy of this journal as had been taken to impeach it. We are relieved by the publicity Mr. Ryan has given to his letter elsewhere from printing it in our columns; readers who have not seen it and may wish to do so, will find it in *The Times* of the 15th inst.

A simple recapitulation of the circumstances will show on which side the misrepresentation of facts lies. In our impression of the 9th inst. we drew attention to a letter which appeared in *The Times* on the previous Saturday, from Dr. Burney Yeo, of King's College, in which the disgraceful treatment of the body of a civil servant, who had died at Somerset House, was spoken of in (as it appeared to us) most befitting terms of condemnation. Before a line was written by us Dr. Yeo's statements had been fully verified, and enough in addition generally ascertained to warrant the belief that the removal of the body had taken place at the request of somebody or other at the Audit Office. Our assertion that "the Audit Office authorities required the parish officials to remove the body" was therefore made, because the probabilities of the case, in conjunction with the results of such inquiry as we had then made, pointed to such conclusion, and to that alone.

Mr. Ryan, unmindful of the maxim "*Qui s'excuse s'accuse*," exonerates himself and the "authorities" of the Audit Office, by showing that one of their subordinates, entrusted

with a solemn charge from them, took upon himself to deliver up that charge upon no other ground than the mere *supposition* that he was justified in so doing. We ask whether anything we have said is so discreditable to the Audit Office authorities as Mr. Ryan's own admissions. What can be the state of discipline in an office where a porter, or office-keeper, or by what other name he may be called, ventures upon reversing arrangements previously made by his superiors? The assertion that "under no circumstances" would this subordinate "have been justified in refusing to recognise the authority of the coroner's officer to remove the body," is an attempt to throw dust in the eyes of the public, against which we protest. Has Mr. Ryan ascertained whether the coroner's officer produced any *authority* to remove the body? or did the office-keeper require its production prior to giving up his charge? Nay, further, has Mr. Ryan satisfied himself that any such power of removal existed at all in the case? If he will look at the 28th section of "The Sanitary Act, 1866," he will find that "*where a proper place has been provided by the local authority*, the coroner may order the removal of a body to that place for post-mortem examination, the costs of removal being paid in the same manner and out of the same fund as the cost and fees for post-mortem examinations when ordered by the coroner."

Our confirmed impression is that the removal of the body was arranged between the beadle of St. Mary-le-Strand (acting as the coroner's officer) and the office-keeper, or senior porter (whichever it may be), of the Audit Office; and that it was done simply on the terms of a mutual arrangement, irrespective of any "authority" whatever. And this impression is borne out by the following sentence in a recent letter from Dr. Yeo to a contemporary:—"I may also add, *that the coroner's officer clearly stated to me, in the presence of a third person, that he removed the body, at great inconvenience and some expense to himself, to comply with the request of one of the officials in Somerset House.*" As to whether any benefit accrued to either party by the transaction, that is hardly a matter concerning us. Mr. Ryan states that no fee was paid to the beadle by any person connected with his department, so the source whence the fee came has yet to be ascertained.

We have Dr. Yeo's just testimony to the humanity and good feeling of the colleagues of the late clerk. We have Mr. Ryan's declaration that the "authorities" of the office did what in them lay to show respect to an old public servant; but the fact remains that an utterly irresponsible somebody in the office was able to frustrate all the good intentions of "authorities" and colleagues alike. It is a salutary practice to hold "authorities" responsible so long as they shield or condone the doings of their subordinates. Of one thing we are tolerably certain—which is, that, thanks to the part we have taken in this affair, any recurrence of a similar state of things in our public offices is not likely to happen.

THE NAVAL MEDICAL SERVICE.

THE announcement that Dr. Bryson, the Director-General of the Naval Medical Department, has resigned his appointment, will probably take our readers by surprise. Dr. Bryson has not actually ceased to do duty, but will continue to act until his successor is appointed, or until—as appears more probable—the alterations which will ensue throughout the whole department are completed. The facts of the case are that the Director-General has served the period of five years allotted to the office, and his age is such as to lead him to decline further official duties.

It is premature to attempt to say who the future Director-General will be, but, following all precedent, one of the Inspectors-General of Hospitals will succeed Dr. Bryson. Of these gentlemen Sir David Dcas, K.C.B., stands out prominently as the man who has both seen service and has an intimate knowledge of the duties of his department. Dr. Davidson, C.B., now at Plymouth, has also seen great and varied service, and has many claims for promotion. The two junior Inspectors are Dr. Armstrong and Dr. Salmon. The former holds a high social position as a friend of royalty, and a man well known in scientific circles, but he has never held office as an Inspector, though this is not necessarily a bar to his promotion. Dr. Salmon was promoted only last month, and was until that time serving at Woolwich, in charge of the Marines.

THE UNDERGROUND RAILWAY.

WHILST we are prepared to admit the immense public convenience of this line of rail, and that it is daily on the increase, we must add that the atmosphere of its tunnels and stations of late has been anything but satisfactory. This conviction is the result of some thirty journeys made over different parts of the line within the last three weeks. There is a great deal more smoke, more steam, and vastly more dirt; and to prove this, one need only pass one's hand along the wooden rails in a first-class carriage. Now this dust and dirt and smoke cannot be beneficial to the lungs of the British public. The nuisance of which we complain is said to arise from the consumption of a new kind of coal. Volumes of dark smoke issued from the Portland-road station a few days since whilst we were standing there, and the air was irritating alike to nose and throat. To say that, under these circumstances, such a state of things can exist without harm, is absurd. The Company showed every disposition on a former occasion to remedy an evil similar to that of which we now complain; and we hope they will also act upon the hint which we have now thrown out.

PROPAGATION OF DISEASE BY PUBLIC VEHICLES.

A CORRESPONDENT of *The Times* once more calls attention to this oft-mooted question, and suggests what he fancies would be a simple way of preventing the danger for the future. "It is, in the first place, to compel all hospitals to have a conveyance of their own (a course adopted in many instances); and, secondly, to punish by imprisonment, and not by fine, any person who engages a public vehicle for the conveyance of a patient known to be suffering from an infectious disease." We fear that the remedy would be found far more simple than effectual. We have always urged that hospitals should have their own vehicles for the conveyance of patients with infectious diseases; but we strongly suspect that the infection of vehicles by hospital patients is less frequent than by the more wealthy classes. The difficulty is that, in any case of removal, no one knows of the matter except those who have a direct interest in concealing it, and imprisonment would be neither more nor less efficacious than the fine that would now be inflicted. Vehicles for the conveyance of such patients should be kept not at hospitals only, but for hire, and should be easily obtainable. There should be regulations with regard to the disinfection of such vehicles after each time of using, and then there would be less difficulty than now in enforcing the law with regard to carriages in common use. It might even be desirable that the special vehicles should be provided by vestries or other public bodies, and let out at a reasonable rate. This would meet any difficulty arising from unwillingness on the part of ordinary stable-keepers to admit the in-

fectious disease carriage into their yards, or from any doubt as to whether its possession could be made remunerative.

Dr. Jeaffreson, in *The Times* of the 21st, writes to say that a few of the required vehicles have been established by subscription, and to describe how they may be obtained. This seems to us to be radically wrong in principle. A matter of so much public importance ought not to be left to voluntary effort.

THE "MUSEUM AND ADVERTISEMENT" NUISANCE.

THE *Saturday Review*, in an article on "Public Indecencies," once more calls attention to anatomical museums and pseudo-medical advertisements, and to the powers of dealing with them given by Lord Campbell's Act. The writer strongly condemns the intermittent activity of the police, and believes that perseverance on their part would be sufficient, with the present powers of the law, to suppress all that is complained of. It is much to be wished that this view were fairly tested, and that Lord Campbell's Act were fully put in force against those whose infringements of decency are of a kind to be felt and appreciated, not only by the public, but more especially by the medical profession. In the estimation of the ignorant, of all ranks, these museum-keepers and advertisers are in some way doctors, or are credited with some sort of medical position or character, and thus a portion of their shame comes to be reflected upon respectable men. We should hail with much satisfaction any attempt to deal systematically with these beastly forms of quackery; and then if the law, fairly tested, were found to be insufficient, there would be valid grounds for seeking its amendment at the hands of Parliament.

SEXLESS PHILOSOPHERS.

THE proposed examinations for the gentler sex by the Universities of Cambridge and London have excited some little notice in the general press, and an unfavourable comparison has been drawn between the modest method pursued by the Cambridge examiners contrasted with the published lists and the honours examinations of the London University. The requirements of the latter institution, however, deserve more than a passing comment from both the amount and the kind of knowledge its Senate in its wisdom has propounded for young damsels of seventeen. We are content to pass by the general examination in Latin and two other languages, in English language and literature, mathematics, natural philosophy, and chemistry or botany, with the comment that any young woman who passes will probably have injured her constitution by the necessary application; and we turn to a subject which more particularly concerns us—the honours examination in human physiology. Besides knowing the general relations of the different organs of the body, one to another, the structure of the tissues, the balance between nutrition and waste, &c., the young woman who desires to be certificated (if there is, or ever shall be, such a remarkable young person) will be expected to understand the circulation, and to reply to questions upon "the processes of alimentation, respiration, perspiration, and *renal excretion*, with the essential anatomy of the organs by which these functions are performed"! We wonder who and of what sex the individual was who contrived this "happy thought," for it is to be observed that it is not the renal secretion which is to be studied by our young ladies, but the excretion of that important fluid, and the essential anatomy of the organs (male and female, of course) by which these functions are performed. It must surely be an oversight that the Senate, presided over by such a polished courtier as Earl Granville, can have allowed so outrageous a pro position to receive its sanction.

But the young ladies' knowledge is not to stop here; it is to include also the organs of motion, rigor mortis, animal mechanics, the entire nervous system, with the special senses; and, moreover, the purely hypothetical candidate is to be able "to recognise the various elementary tissues under the microscope, and to have so much knowledge of physiological anatomy as may be obtained by studying the principal organs of one of the commoner domestic animals." Surely there must be some hideous error. The Senate must have ordered the requirements of the M.B. to be printed by mistake? Is it really intended that our "domestic animals" shall be dissected (possibly vivisected) by feminine hands; or have the authorities of the University taken leave of their senses and their proprieties at one and the same time?

INFIRMARY OF NEWCASTLE-UPON-TYNE.

WE gather from the local papers that another disturbance of the peace of the Infirmary of Newcastle-upon-Tyne is impending. According to these authorities, the dispute has reference to the question of nursing, and to an attempt to introduce lady amateur nurses, who shall do the duties gratuitously, and from religious motives. The worst of this proposal is that it is always associated with one religious party, and that the one which is least in unison with our English feeling. We had to comment the other day upon a movement in Nottingham for establishing an hospital for sick children, in which the nursing was to be by religious sisterhoods, and in which the very medical men were selected—not elected. We cannot but fear that this system will be most disastrous, especially in places like Newcastle, to the welfare of public hospitals. It looks as if the arena of religious strife was to be removed from the Church into our splendid charities. Can anything more objectionable be imagined? We can only hope that the medical profession will set its face against this attempt to convert our hospitals into fields for the display of sectarianism. If the nursing or the general management of the Newcastle Infirmary be faulty, it should be rectified; if they be not faulty it will be most gratuitous to initiate doubtful changes.

AMATEURS IN PHYSIC.

The Times during the past week has contained a curious correspondence, that would be amusing if it were not a little too serious. Mr. Le Neve Foster trusted that he might "not be considered out of place in drawing attention to a means of alleviating" scarlatina and typhus. He professed himself to be "well aware how delicate a thing it is for a layman to meddle in matters of medicine;" and, after this introductory flourish, proceeded to prescribe poisonous doses of carbolic acid. Fortunately, Dr. Beale and Dr. Fuller noticed the letter, and the quantity of the acid, and and they wrote to *The Times* to say what the effect of Mr. Foster's prescription would be. He replied by a letter that is as delicious a specimen of sciolism and self-sufficiency as we have ever witnessed, and that fully deserves to be reproduced.

"I am greatly obliged," he writes, "to Dr. Beale and Dr. Fuller for drawing attention to a very possible misinterpretation of my description of the preparation of carbolic acid to be used as a medicine. I used the words 'concentrated medicinal carbolic acid,' by which it is hardly necessary to say I did not mean the 'concentrated acid,' to which, so far as I am aware, the term 'medicinal' has never been applied. I referred to what is sold by chemists under the title of 'solution of best medicinal carbolic acid.' This is the solution to be diluted with ten parts of water, and when thus diluted the dose I named was one teaspoonful. I need

scarcely add that these doses should be given with some discretion, and should not be continued indefinitely; probably three doses are the most that should be given, especially to children. Doses of even still greater dilution I am told are efficacious."

It seems inconceivable that Mr. Foster should not know that the only "carbolic acid" that can be called "medicinal" is the pure carbolic acid—the preparation ordered in the British Pharmacopœia—the maximum dose of which for an adult is three grains. What in the world does he mean by "what is sold by chemists under the title of solution of best medicinal carbolic acid"? and what is to prevent any chemist from making and selling any solution that he pleases? What does Mr. Foster mean by "concentrated" carbolic acid? Carbolic acid may be diluted, but how can it be concentrated? This sort of stuff is like the talk of a monthly nurse; and, until the Secretary of the Society of Arts can write with more exactness, he should refrain from writing about active poisons. A man who lately drank some carbolic acid died in eight minutes from its effects. The question of its use in medicine is at present *sub judice*, and is being carefully and rationally investigated by persons able to deal with it. On this point we may call attention to a letter from Dr. Keith, that will be found elsewhere.

MEDICAL OFFICERS' UNIFORM.

WE think our contemporary, the *Pall Mall Gazette*, in writing as it did about medical officers' uniform, was labouring under a little misapprehension. Of course, there are some men who render themselves ridiculous by that ill-concealed vanity which is the frequent concomitant of empty-headedness; but their number is probably small, compared with that of combatant officers of the same kind. We hope and believe that the majority of them are not desirous of arraying themselves in gorgeous accoutrements of expensive pattern; nay, we know that there are some who would personally prefer to do without uniform altogether, and there are many more who would gladly adopt a uniform of a simple pattern and of a character suitable to be worn in common by the whole department. Medical officers have not, unfortunately, been accustomed to receive much consideration, and they very naturally regarded an uncommonly ugly black leathern belt as a very undesirable method of distinguishing members of a profession entitled to, at least, the same respect as officers of other and more favoured scientific corps, distinguished in a very different manner. "By all means, it is urged, let soldiers know my profession by my uniform, but not by its inferior character." A contributor to the *Pall Mall*, probably, would not like to be distinguished by the inferior quality and ugly cut of his dress, from those with whom he was supposed to mix socially on terms of equality. Stupid as the notion may appear, it is still the fact, that, in the army, rank is denoted by the uniform, which becomes the title, in a military sense, to respect. The present dress of the army medical officer is, no doubt, bad and unsuitable, and the sooner it is remodelled the better. Medical officers are not, however, answerable for its design, and would gladly adopt one simpler and better.

UNHEALTHY MILITARY STATIONS.

A CORRESPONDENT of the *Army and Navy Gazette*, in calling attention to this subject, proposes that the period of service at unhealthy stations should be materially shortened. He cites the climate of Malta as among the worst, and adds that the late Major-General Sir William Ridley, was strongly impressed with the exceptional effects of this climate on young soldiers. We fear the expense will be an effectual bar to a more frequent system of reliefs. Malta is, no doubt, a very unhealthy place. Its summer is hot and enervating in the extreme; there is scarcely a barrack fit for habitation; and the drainage is bad, while the porous character of the sandstone was an additional reason why it should be very good. We cannot understand why Europeans should be sent to the West Coast of Africa at all. Officers return from that country in wretched health, with broken-down constitutions, or the seeds of irremediable disease.

THE MARSHALL HALL MEMORIAL SCHOLARSHIP.

A MEETING of the General Committee is appointed to take place on Friday next, the 29th inst., at 5 P.M., at 53, Berners-street, by the kind permission of the Council of the Medico-Chirurgical Society. The chief object of the meeting is to appoint members of the Executive Committee, and to suggest the form which the memorial should take. Dr. Burrows, the president of the Medical Council, will take the chair. The names of Mr. Paget, F.R.S., Dr. Acland, F.R.S., Dr. Ogle, Dr. Gueneau de Mussy, Dr. Butler (Winchester), Dr. C. J. B. Aldis, Dr. Gream, Dr. Stillwell (Epsom), Dr. Sieveking, Mr. Turner (Manchester), and Mr. Haynes Walton, have been added during the week to those which already appear in the General Committee list.

CHELMSFORD DISPENSARY.

THE governors of this institution have for some time past paid the modest sum of £20 to each of their two medical officers. The financial position of the dispensary has not, apparently, prospered of late, whether in consequence of some impolitic alteration in the rules as to the number of tickets of admission given to subscribers in return for their support or not, we cannot quite comprehend; but it was proposed at the annual meeting of the supporters of the charity held last week, to cease the award of the usual honorarium to the medical officers. One of the speakers urged that the step commended itself, because medical advice "was almost always given gratuitously at institutions of this kind." Unfortunately, it is so; but that is no proof of its justness, and it affords no warrant for breaking faith with the present staff of the Chelmsford Dispensary, as regards the emolument which has hitherto been received. The evil consequences to medical practitioners of the prevailing system of gratuitous advice crop up in all directions; and not the least of these is the prevalent fashion of undervaluing the services of medical men.

A USEFUL GIFT.

THE authorities of Guildford have for some time past desired to erect a fever-house for certain infectious cases—a very proper and sensible wish. One difficulty in the way of its accomplishment—viz., the want of a suitable plot of ground—has been removed by the generosity of the Earl of Onslow, who has given the requisite land for the purpose of erecting thereon a suitable building. This is only one of many good deeds by which the noble Earl has benefited his neighbourhood.

PRESENTATIONS TO MEDICAL MEN.

A NUMBER of his friends in Connemara have presented Dr. Suffield, of Clifden, with a handsome timepiece and a well-filled purse, on his retirement from practice on account of ill health, as a mark of their esteem and regard towards him.

The workmen and managers of the Darlington Rolling Mills also have presented Mr. Arrowsmith, their medical officer, with a gold ring and a silver-mounted whip, in testimony of their appreciation of his professional services.

THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE growing importance of the Association of Poor-law Medical Officers is proved by a very practical step which it has lately taken to show that it is conscious of its own power and means to use it. We have received a copy of the Quarterly Report of the Council, which shows that the affairs of the society are generally prosperous, and especially calls attention to the large amount of parliamentary support which has been already promised, and very cheerfully it would seem, to the main objects which the Association has at heart. No less than eighty-nine members of the new House of Commons have frankly declared their intention to give the whole subject of medical relief to the poor their attentive consideration; and the majority of these gentlemen have also decidedly expressed the conviction that Poor-law doctors are at present unjustly treated, and that the results are disastrous, not only to them, but to the poor. Of course these numerous promises have been obtained by the active co-operation of many individual members of the Association with their energetic president and secretaries; and it strikes us as one of the most signal proofs of the mischievous results of the lack of *esprit de corps*, which is the curse of our profession, that it should have been left to the most down-trodden and apparently powerless section of the medical body in England to show the important results which can be immediately obtained by earnest and united action. When will the members of other ill-used Government medical services pluck up heart and act with something like the same practical determination?

At the approaching quarterly meeting of the Association, to be held at the Freemasons' Tavern, on the 29th inst., at 7.30 P.M., some important resolutions will be brought forward, which it is very desirable that a large and influential meeting should discuss; we therefore hope that every Poor-law medical officer who can find time will be present.

Besides all this, we understand that some entirely new evidence as to the evil effects of the present wretched starvation of the Poor-law medical service will be brought forward. If the half of what we hear whispered be correct, facts will be stated the knowledge of which every medical officer ought to do the utmost in his power to spread among the community; for it will be shown that the economic interests of the public are injured by the present state of things in a direct and palpable manner—a fact which, till now, even the most suspicious critic of Poor-law doings could not have ventured to suppose.

CONSUMPTION OF HORSE-MEAT IN PARIS AND BERLIN.

THE sale of horse-meat has not taken so well in Paris as might have been expected from the first success of the undertaking. We are informed by the official accounts, which have just been published, that during the last twelve months the number of horses slain in Paris amounts to 2400. Out of this quantity five per cent. have been employed in making sausages, &c.; whilst forty per cent. have been sold to the small *restaurants*, and ten per cent. to the poorer classes. It may thus be seen that the quantity of horse-meat knowingly consumed as such in Paris is very small. Indeed, even the poorest people in that city manifest a strong aversion to horseflesh.

The number of horses slain in Berlin during the same period of time amounts to 4044, thus forming almost double the number slaughtered in Paris. But it may be well to add that the Berlin dyers are now making an extensive use of horse-blood.

AT the annual meeting of the subscribers to the Ripon Dispensary, held at Ripon on the 16th inst., a letter was read imputing serious blame to the medical officers on the score of their non-attendance at the Dispensary; and saying that the patients were habitually left to the care of the dispenser. This statement was not undisputed, and when some promised evidence has been published we purpose to return to the subject.

THE Bristol General Hospital and the Royal Infirmary have obtained a joint addition of upwards of £400 to their funds, as the proceeds of collections made for that purpose in various places of religious worship in Bristol. We heartily wish that these "Hospital Sundays" may become a permanent institution in all our large towns.

EPIDEMIC CHOLERA is stated to be still prevailing at the French settlement of St. Louis on the coast of Senegal. The disease was supposed to have been introduced by the Moors, and it is said to have spread in the interior.

WE understand that a "Medical Officers' Navy List" is shortly to be published, affording full information as to the rank, age, professional qualifications, honours, &c., of the officers composing the medical department of the navy.

WE have just received the return of births and deaths registered in Ireland during the quarter ended last September; why it should be nearly three months behind the corresponding returns for England and Scotland is not explained. Scarlatina is spoken of as the prevailing disease of the quarter.

THE Registrar-General states that the 1490 deaths registered last week in London were "less by 340 than the estimated amount with a correction for increase of population." That is to say, the mortality returns of the second week of ten previous years give an average which, raised by a tenth part, yields 1830 deaths as the "estimated amount" for that week. Are the widely different meteorological features of the weeks, thus brought into comparison, allowed for in any way?

THE King's College *soirée* on the 14th inst. was a well-arranged and an attractive entertainment. The new Principal (Dr. Barry) did the laborious work of host with urbanity and success; and the various Professors did their best to second his efforts. The scientific and amusing objects exhibited for the entertainment of the numerous visitors received full attention, and the refreshments provided for their refection little less. We hope that Dr. Barry may be regarded as the harbinger of a new *régime* at King's College—one which will tend to bind together the old students of the College, and render them anxious to promote the welfare of their Alma Mater.

A CORRESPONDENT in *The Times* states that in letters he has received from Zanzibar, and which bear date Nov. 26th, it is mentioned that no news has come to hand for a long time relative to the movements or whereabouts of Dr. Livingstone; but that there is no real cause to be anxious about him.

GREENWICH HOSPITAL.

IT would appear, from a paragraph in a contemporary, that it is the intention of the Government to remove the infirm pensioners to the hospital at Netley, in October next, and appropriate the building at Greenwich to military pur-

poses. We do not know on what foundation this may rest, but we presume the Government thinks it can economise by such an arrangement. If the pensioners be removed to Netley Hospital, it might be worthy of consideration whether it would not be as well to establish a naval medical school in connexion with that existing for the military, so as to have an institution in common for the training of all men entering the medical branches of the public service,—a United Service Medical School for her Majesty's Naval and the British and Indian Army Services.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JANUARY 19TH, 1869.

ADDRESS BY DR. QUAIN, PRESIDENT.

GENTLEMEN,—Owing to the practical character of our meetings, and the very limited time at our disposal, it has never been the custom for those who hold the office which I have now the honour to fill to address you in a lengthy or formal manner on entering upon their duties. I shall, therefore, occupy your attention but for a few minutes; the first of which shall be devoted to offering you my sincere and grateful acknowledgment for this signal proof of your confidence; and, secondly, to the expression of a hope that I may still find myself, at the close of my period of office, in possession of that confidence which I so much value. For my guidance I have the examples of the great and distinguished men who have preceded me in this chair, and whom I follow, I say in all sincerity, with such unequal steps. I feel, too, that should difficulties occur, for which I may add there has been no precedents in our history, I can ever rely on your loyal and generous support. As I now address you, I cannot resist the impulse of memory which takes me back to a period some twenty-two years ago, when this Society first came into existence; and I would wish to dwell for a moment on the gratification which I share in common with those who are still amongst us—and they happily are not few—who assisted at its origin. The idea of forming such a society on an independent basis, suggested, no doubt, by the existence of the Pathological Society of Dublin, first occurred to Dr. Bently, a name still born in recollection by the early members of this Society. I can never forget the pleasure I derived from the first communication I received from Dr. Bently, then a stranger to me, asking my opinion on the feasibility of carrying out such a project. It was evident that such a society could utilise the vast mass of morbid anatomy which must be found in a population of some three millions of people, and of which, at that time, but a very limited use was made. Teachers in the hospitals, and students in the medical schools, had opportunities of studying morbid anatomy, as it was then studied. But some of us felt then, as must be the case even now but for the existence of this Society, that to the busy practitioner, who had little time and few opportunities for making post-mortem examinations, such a society would supply an immense want. It would bring before him, from hospitals and other sources, specimens which he could not otherwise see; he would hear them described and discussed; he would be made familiar with the subjects against which he was daily contending; he would feel himself cleansed from the rust which is ever ready to accumulate on all of us. Need I say how fully these anticipations have been realised. The best, the busiest, may I not say the wisest, of our practitioners in every rank have come hither, never failing, as was said by one of our most learned presidents, "to learn something at every meeting." This, gentlemen, in our idea at the time, constituted a large share of the benefit we expected to receive or to confer. It is true that we anticipated some useful results from bringing together so many minds more or less devoted to the study of pathology, but I question if the most sanguine amongst its founders anticipated the results which have been realised by this Society. It had been my intention to have brought before you an epitome of these results; but when I came to examine our work, when I referred to the admirable index given us by our colleague, Mr. Holmes, I felt that the accumulation of material was so vast that it would be impossible to bring a useful sketch of it within reasonable limits, and in a short and meagre one injustice must be done to the Society and to its workers. There is little cause for regretting this difficulty. The volumes of Transactions published by the Society, accessible and familiar to all cultivators of pathology, are themselves the records of what we have done. There is scarcely any known morbid condition which will not be found investigated, described, and illustrated more or less fully in these volumes. That they are the most valuable storehouses of pathological facts in existence is proved by the abundant materials which they supply to writers on the subject, both at home and abroad. The original members of the Society may well feel gratified at these results. The younger members will fully participate in this feeling if they will refer to the state of pathological knowledge in what, comparing the present with the past, may almost be called the prepathological period—that is to say, five-and-twenty years ago. It is true that post-mortem examinations were conducted by zealous and able men, that drawings and models were made, and specimens were collected in museums—that pathology was said to be taught and studied. I well remember the teaching of my friend, the late Sir Robert Carswell, whose pupil I was, and I mention his name with the greatest esteem as the most distinguished pathologist and teacher of that time, one whose pathological drawings have never been surpassed for accuracy and beauty. Yet, if you refer to his great work, and compare the morbid anatomy and the pathology of that period with the present, you will be amazed at the progress made in the interval. It was not the fault of our predecessors that they are so much behind us. Physical science has advanced, and we have taken advantage of its progress. We have called to our aid the microscope, the test-glass, and the crucible. We search into the depths of the ocean; our predecessors went but a little way beneath its surface. Comparing our knowledge then (I speak more especially of morbid anatomy) with that accumulated now by this Society by our fellow-labourers at home, and still more by those abroad, I do not hesitate to say that the number, the value, and the accuracy of its facts and observations will bear favourable comparison with like progress in any, as they are called, of the more exact sciences. Indeed, dealing here as we do with inanimate matter, and with the operations of physical agents upon it, we acquire, in many cases, something of that power which gives accuracy and certainty to researches in the physical sciences. Our materials are abundant; our workers are able, skilled and untiring; our appliances are powerful. We work under favourable circumstances, for we are freed from the disturbances which embarrass us when we have to deal with living beings and with the circumstances that influence them. In morbid anatomy, studied thus, we have a safe and true basis for pathological knowledge in its widest sense. It is thus alone we can hope to learn what are the conditions, for the cure of which our remedial agents are to be used, it is thus alone we can hope to get rid of the doubtful and the uncertain in the practice of our art. Encouraged by success in the past, let us strive for greater successes in the future. Let us be firmly convinced that an accurate knowledge of disease is the true key to an accurate knowledge of the means by which it can be prevented, arrested in its progress, or cured. Gentlemen, we have rejoiced in our wealth, but, like some young men who have attained their majority—as we have just done,—we find ourselves embarrassed by our riches. We hear representations, I will not call them complaints, of our wealth. We hear that there is not time to examine and discuss the subjects brought before us, and that we do not derive all the profit from our meetings that they might be made to afford us. There are grounds, no doubt, to some extent, for these representations. The difficulty must be met. But, gentlemen, though your Council may do something—and they have this evening appointed a committee on the subject—to mitigate these inconveniences, much of the remedy is in the hands of the members themselves. Independently of the admirable reports of committees, which may be read in the abstract, or as summaries, by the secretary, the subjects brought before the Society may be referred to the following heads:—1st. Specimens of an ordinary character, duplicates it may be, of subjects previously presented. 2nd. Specimens and de-

scriptions of them of greater pathological interest. 3rd. Pathological essays or summaries of collected cases. It has been suggested that specimens under the first head should no longer be presented to the Society. The rejection of such specimens would, for many good reasons, be very objectionable, and their interference with the more regular progress of our proceedings I doubt not can be obviated by their being simply presented and sent round, with labels indicating such points of interest as belong to them. With regard to the subjects comprised under the second and third heads, it is very certain that the description of many of them may be more condensed when read before the meetings, whilst fuller reports are reserved for the Transactions on this point. Might I on this point quote, as our guide, the advice of one who was himself a distinguished speaker and writer, when he says—

"Concise your diction, let your sense be clear,
Nor with the weight of words fatigue the ear."

By such means, and by others of minor detail which your Council is likely to propose, I hope and believe that our meetings will still maintain that interest which has rendered them from their commencement continuously attractive.

In conclusion, let me say that we must not look on the object of our pursuits as specialists, nor on the specimens brought before us as objects of mere interest, however great, or of curiosity however striking or remarkable. All we do here should be done in relation, if not in absolute or indicated connexion, with the other departments of our art. When we see the remarkable objects submitted to us in such rich abundance, we may be attracted by the unique character of some, by the great bulk of others; some may claim attention as illustrating rare skill in diagnosis, others by the rapidly destructive character of their action; some attract notice in consequence of the success with which their nature has been investigated and made clear, others by the obscurity which still surrounds them in spite of all investigation. These points are all worthy of notice; but there is something more worthy still. Be it remembered that these diseased specimens are all so many illustrations of the weakness of our art. If our means of cure were more efficient, our specimens would be fewer. It is true that there is a profound interest in studying, as morbid anatomists, these various objects; but let us not be fascinated by our pursuit. Let us remember that the duty, the aim, the ambition of our science is to cure disease, and let us look always on these objects to that end. We may, as we go on, with the mental eye connect them with their origin and their effects; we may consider their physical conditions as well as their influence on other organs and textures, and thus deduce from them their clinical histories their physical signs and their symptoms. Let us thus always make our morbid anatomy subservient to our diagnosis; still more so to our methods of treatment and cure. Thanks to morbid anatomy, thanks to the physical sciences, diagnosis can hold its own. Would that we could say the same in reference to the treatment of disease. This is our weakness; here we fail. But, gentlemen, there are grounds for hope that this failure will, ere long, be converted into success, and that therapeutics will keep pace with pathology and diagnosis. We hear "want of faith in physic," too often talked of and too hastily accepted. Beyond all question, the treatment of disease on general principles has improved equally with the other departments of our science. But we aim beyond this: we seek for specifics, and because we fail to find them, we hastily express a want of faith in physic. It seems always to me that such conclusions are premature; that if we knew more of remedies and their action, and brought our remedies more in direct relation with the branch of science which we here cultivate, our success would be greater, and our faith would be stronger. On all sides we see efforts made to realise these objects; we see one in the younger sister of our Society, so recently brought into existence, and for whom we desire all prosperity; we see others in the investigations going on around us. Let us wish them, too, all success; and finally, gentlemen, let us hope that the time is not far distant when our treatment of disease will be alike scientific and efficient, and our profession will rank as high in its scientific character for the treatment of disease as it is now unselfish in its efforts to prevent its occurrence and its diffusion.

MR. G. P. SMITH, Medical Officer of No. 1 District of the Bradford (Yorks) Union, has accepted the offer of the guardians to pay him £80 a year in lieu of fees.

HARVEIAN SOCIETY.

THE annual meeting of the Harveian Society was held, on Thursday last, in the usual room of meeting in Tichfield-street, Mr. Ernest Hart, the retiring President in the chair, and there was a large gathering of the members and their professional friends.

The annual report was read by the Honorary Secretary, and was of a very satisfactory character. It recapitulated the papers read before the Society and the work done by the Committees during the past year. The most salutary results were known to have followed the labours of the Venereal Committee and the establishment of the Contagious Diseases Association. The Therapeutical Committee had not so far been successful in obtaining information from the profession.

The Treasurer's report gave a satisfactory statement of the funds of the Society, showing a balance of £196.

The PRESIDENT, in the course of some observations made after the reading of the report, said he had prepared an address on the Diagnosis of Inherited Disease by means of the Ophthalmoscope, which he trusted he should have had the pleasure of delivering, but the lateness of the hour prompted him to postpone its reading to a more convenient opportunity; and he should only remark that he trusted the members would resist any proposal of funding the surplus money belonging to the Society, as well as the idea of obtaining a permanent abode. The room, he thought, was of little consequence so long as the discussions were good; and the discussions he had heard in the rooms at present occupied were fully equal to those of any other society in London. He was of opinion that the money could be better spent in printing and circulating short abstracts of the papers about to be read at each ensuing meeting. He concluded by thanking the members for having conferred an honour upon him which he could, at his age, scarcely have anticipated, and trusted that the Society had prospered under his presidency.

Dr. MAUDSLEY proposed and Dr. LANGMORE seconded a vote of thanks to Mr. Hart, which was carried by acclamation.

After the address a conversazione took place, and there were exhibited in the room various surgical instruments, foods, invalid and infant diets, medicines, &c.

At a later period of the evening it was stated by the president elect, Dr. Greenhow, that Mr. Hart had consented to read his paper at the next meeting of the Society, to be held on the 21st inst., and at which he hoped there would be a full attendance of members.

The following gentlemen were elected as officers for the ensuing year:—

President: Dr. Greenhow. Vice-presidents: Dr. F. Cock, Dr. E. S. Haviland, Mr. J. Z. Laurence, Mr. H. G. Times. Treasurer: Dr. H. W. Fuller. Hon. Secretaries: Mr. Curgenven, Dr. W. Hickman. Council: Dr. H. F. Bate, Dr. Tilbury Fox, Dr. Greenhalgh, Mr. Berkeley Hill, Dr. Holmes Jephson, Mr. R. S. Jeffs, Mr. Newton B. Lee, Mr. Duncan Menzies, Mr. E. Metcalfe, Dr. Gueneau de Mussy, Mr. J. Rushforth, Dr. R. S. Sisson.

MEDICAL BENEVOLENT FUND.

THE annual general meeting of this charity was held on Tuesday, January 12th, Dr. Lloyd Birkett being in the chair. In the report of the committee, it was stated that 106 cases had been relieved during the year, the total amount thus expended being £855. In several instances grants from the Fund had been made conditional on a certain additional sum being raised by the friends of the applicant, with excellent results. The number of annuitants at present is twenty-seven, and it is hoped that the committee will soon be able to add to these, as the candidates are numerous, and many of them in most distressed circumstances.

The committee and officers for the ensuing year were elected, and the thanks of the meeting were given to the treasurer, Dr. Hare, to Dr. Thorne, financial honorary secretary, and to Dr. Broadbent, who resigned, after holding

the office of hon. secretary since 1864. The successor appointed to the somewhat arduous duties was Stamford Felce, Esq. In conclusion, a vote of thanks to the Medical Press was moved by T. H. Hills, Esq., and unanimously carried.

This charity has now for some years been fairly before the profession, and the principles on which it is conducted cannot fail to recommend it when they are known. All the work is done gratuitously by members of the profession, and those who require the aid of the Fund have only to show that they are really in need, and that their position is the result of misfortune, and not of misconduct, and assistance is at once given without canvassing.

Correspondence.

"Audi alteram partem."

DIGITALIS IN SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—Observing your remarks lately on the fatal severity of scarlet fever, may I request the insertion of the following plan of treatment, in the hope that some of my brother practitioners may adopt it with a success equal to my own.

For some years past it has been my custom to prescribe for my scarlet fever patients tincture of digitalis, in conjunction with nitric ether and nitrate of potass. The success of this treatment justifies me in recommending others to adopt it, now that the disease is again ravaging the country.

Of course, the ordinary action of digitalis in controlling the force of the heart's beat is well known; but may it not have also some power over that network of nerves embracing the whole arterial system, from the aorta to the extremities? I think so, from the peculiar soft, wave-like feeling imparted to the finger by the pulse at the wrist after a few full doses of the drug. And on this supposition I based my treatment of scarlet fever by digitalis; for whatever would reduce overaction in the arterial capillaries would lessen inflammation. Digitalis will do this without reducing the general strength, as antimony, venesection, &c., certainly do. I will not go so far as to assert that it is capable of curing inflammations of internal organs, such as the lungs, &c.; yet even in these it is extremely useful in controlling vascular action, and, when administered early in the fever, the inflammatory action in the glands of the neck subsides gradually, the fever leaves the patient in the usual time, desquamation is very slight, and the chances of chronic nephritis are reduced to a minimum. I will not say the infectious character of the disease is destroyed, yet I can confidently assert its power is lessened.

No one would suspect, if suppuration of the glands had commenced, that digitalis would prevent the formation of an abscess; yet I find, from my experience of these cases, the abscesses much circumscribed, which I attribute to the use of this drug.

I was surprised to find infants of about a month old tolerate so much as five drops of the tincture for a dose (though one drop is generally sufficient), given consecutively for three days, every three or four hours, with advantage; auscultation giving the usual number of beats (about eighty) in the cases where the larger dose was given.

A number of cases might be cited, if your space were not too valuable for details of scarlet fever—cases of a milder form, for lately very few severe cases of the disease have come to my share.

I am, Sir, your obedient servant,

SYDNEY FENNELL, M.D.,
Surgeon to the Llandaff District of the Cardiff Union.

Jan. 18th, 1869.

CARBOLIC ACID IN SCARLATINA, MEASLES, AND SMALL-POX.

To the Editor of THE LANCET.

SIR,—Having used carbolic acid externally for nearly two years in amputation, compound fractures, large wounds with loss of tissue and exposure of bones with denuded periosteum, and in all wounds, &c., without any loss of life, or any bad symptom that I have observed,—without going further into what it has done for saving life externally, I beg leave to draw the attention of the profession to its internal use.

During the last six months I have used the carbolic acid in fever, scarlatina, measles, and small-pox, with, I think, some success. I have during that period given it in 600 cases internally. Of these only five have died, and those from complication after, produced by bad nursing. I may state that, during the said time, I have had no less than 1500 cases in all. The deaths, including the five above mentioned, are twelve. The other cases were treated in the usual way, with salines, chlorate of potass, &c.

Without going further into detail, allow me to give you the "physiological effects" in few words. 1st, it produces profuse perspiration; 2nd, it rapidly lowers the pulse, so much so that in twenty-four hours the pulse will fall from 120 to 60—skin cool and moist, with subsidence of fever; 3rd, the tongue, after the same time, will be clean, moist, and, in scarlatina, the soreness of throat much diminished; 4th, after its use for the same time, the appetite continues to improve; 5th, I have found it more useful at an early stage of the disease, although, given afterwards, it very much modifies the symptoms, and carries the patient through the different stages of the disease much more quickly than any other treatment that I have seen; 6th, in some cases the urine appears smoky, as if fine charcoal had been used with it. These are the principal points I have observed from its use. I could give you numbers of cases, but I will at present content myself with the foregoing statement, and simply add the formula in which I give it—Carbolic acid and acetic acid, of each one drachm to one drachm and a half; tincture of opium, one drachm; chloric ether, one drachm; water, to eight ounces. I give a tablespoonful of this mixture every four hours, until the fever, &c., has subsided. Then the after-treatment is simple. I find that, after the first dose, the patients rather like it than otherwise.

Hoping that some one with more leisure and opportunity may be willing to take the matter up, and report his experience to you,

I am, Sir, your obedient servant,

Normanby, Jan. 18, 1869. ALEX. KEITH, L.R.C.P.Edin.

OVARIOTOMY.

To the Editor of THE LANCET.

SIR,—The following is a statement of facts quite unprecedented in surgery, and it is so gratifying as to call for public notice.

Of the last twenty-three women upon whom Dr. Thomas Keith has performed the operation of ovariotomy, all, except one, are now alive and well. The last operation was performed about a month ago.

I am, Sir, your obedient servant,

Edinburgh, Jan. 12th, 1869. J. M. D.

A MISSING BALL.

To the Editor of THE LANCET.

SIR,—I send you the following case, which you will, perhaps, think with me deserves to be recorded in your valuable journal:—

At the battle of Vittoria (fifty-five years since) Colonel Hutton was wounded by two musket-balls in the right groin. One was speedily extracted, but the situation of the other could not be ascertained. Abscesses formed at the time, and for some years after occasionally. Still the ball could not be discovered by any of the military surgeons in attendance.

I first saw him about twelve years since, suffering from a large abscess, which was forming in the lumbar region, to the right of the spine. I confidently expected, on laying it open, I should discover the ball, but was disappointed. Subsequent abscesses left numerous sinuses by which Mr. Cæsar Hawkins, Sir William Fergusson, and others vainly endeavoured to ascertain its situation.

About a fortnight since, having experienced more than

usual suffering, I again saw him, and felt the ball for the first time some two or three inches below the surface, near the tuberosity of the ischium. In ten days it was so near the surface that I cut down and extracted it. My patient has felt no pain whatever since, and is now walking about.

I am, Sir, yours faithfully.

J. M. SIMPSON, L.R.C.P.Edin., F.R.C.S.Lond.

Southampton, Jan. 18th, 1869.

TREATMENT OF CARBUNCLE.

To the Editor of THE LANCET.

SIR,—As an old practitioner and hospital surgeon, I trust I may, without presumption, be allowed to add my humble testimony to the soundness of Mr. Paget's views on the treatment of carbuncle; and it is no little gratification to find one's own opinion and practice supported by such an authority as his.

With the exception of the early part of my life, I have never adopted the time-honoured crucial incision, but have been content to treat my cases much after the manner of Mr. Paget. Of late years I have been induced, in some instances, to follow the example of my friend and colleague, Mr. Prichard, whose mode of treatment by caustic potash to the centre, and iodised collodion to the circumference, has, I believe, a decided effect on the size of the carbuncle.

My experience in this complaint has not been inconsiderable, and I can call to mind only one fatal case, which was rather a singular one. An old gentleman had a largish carbuncle on the occiput. The slough had come away, and he was doing well. I had occasion to let out by incision some pus which was bagging under the scalp, and two or three days afterwards the left subclavian artery became suddenly impervious, followed by rapid embolism of the lungs also; and in two days he was dead. Had he lived longer the arm would have run into gangrene. It became pale, cold, pulseless, and shrivelled, with acute pains throughout the limb in the early stage of the embolism. Unfortunately, I could not get an autopsy, but the symptoms of embolism were unmistakable.

I am, Sir, yours faithfully,

W. F. MORGAN,

Consulting Surgeon to the Bristol Royal Infirmary.

Bristol, January 18th.

THE POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Will you allow me, through your columns, to appeal to the profession in London, and more especially the London students (who, in time, will be the most personally interested), to give support by their presence to the Union Medical Officers' Association at the annual meeting on the 29th inst? It will be held at the Freemasons' Tavern, at 7.30 P.M.

I am, dear Sir, yours truly,

Worcester, Jan. 15th, 1869. WM. WOODWARD, M.D.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

Two operations for stone occurring within a week of each other, in two of our metropolitan hospitals, strange as it may seem to London ears, is rather looked upon as an event here in Dublin, where calculus is, comparatively speaking, a rare disease. It is strange that stone should be so extremely prevalent in some localities, and so rare in others. But this is not the place to enter upon suchlike considerations. Enough for me to state that in Ireland stone is comparatively a rare affection, and that, consequently, two operations occurring within the same week may be considered a noteworthy circumstance. One of these cases, occurring in the practice of Mr. Porter at the Meath Hospital, has some special interest attached to it, inasmuch as the nucleus of the calculus was a small portion of a bougie that had been introduced by the patient himself for the relief of a stricture, and the end of which broke off, remained in the bladder, and became covered with phosphatic deposit. Mr. Porter selected Allarton's operation, and the patient has not had a bad symptom since his calculus was removed, and is now rapidly convalescing. The second case occurred in Steeven's Hospital, under the care of Mr. Robert McDonnell. The patient was but two years old, and his case presented no feature of unusual interest. He also is progressing satisfactorily.

A very remarkable case of enchondroma was operated upon the week before last in the theatre of the Meath Hospital by Mr. Macnamara. The tumour, which was of unusual magnitude, occurred on the dorsal aspect of the hand in a lad aged fourteen, and gave one the idea that he had a boxing-glove fixed in that situation. The tumour was removed by sacrificing the middle and ring fingers at their metacarpal articulations, leaving the entire palm of the hand, the thumb, index and little fingers. Upon its removal it was found to weigh one pound and a quarter. Physiologically this case also presented great interest, as by its weight, its pressure on the lower epiphysary process of the ulna prevented the development of the lower third of that bone, which in this situation was simply rudimentary; whilst the radius was curved in a most marked manner in the opposite direction. This case also is now rapidly convalescing.

Earl Spencer, our new Viceroy, made his State entrance into Dublin on Saturday last, and will for the next few weeks be busily occupied in receiving addresses from all our public bodies, our Colleges of Physicians and Surgeons amongst the rest. On Friday night he will make his first appearance in public at the opening meeting of the Statistical Society.

Dublin, Jan. 19th, 1869.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed their final examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 19th inst.:—

Cox, W. A., Bath.
Crespin, A. J. H., Cheltenham.
Hardey, E. P., Hull, Yorks.
Horsey, A. J., Kingston, Canada.
*Howell, J. H., Bombay.
Hubbard, J. W., Isle of Thanet.
Humphreys, J. H., Birmingham.
McConnell, J. F. P., Allahabad, East Indies.
McMahon, J. J., Dundalk, Ireland.
Middleton, W. H., Darlington.
Palmer, F. S., Brixton, Surrey.
Perkins, Edward, Manchester.
Petch, Richard, Compton-terrace, Islington.
Redmayne, J. T., Clitheroe, Lancashire.
Wigg, H. C., Victoria, Australia.

* This gentleman, who in November passed all the examinations, except that in Medicine, qualifying for the diploma, was, on production of a medical diploma, admitted a Member.

The following gentlemen were admitted members on the 20th inst.:—

Collet, A. H., Worthing.
Dobson, William, Leeds.
Flowers, W. F., Tealby, Lincolnshire.
Gobat, J. T., Jerusalem.
Hall, J. A., Halifax.
Hoar, C. E., Maidstone, Kent.
Holmes, F. A., Nassau, Bahamas.
Hull, G. A., St. Mary's Abbott-terrace, W.
Jones, Charles, Carnaby-street, W.
King, W. M., Brighton.
Lack, T. L., Chichester.
Laing, Robert, Newcastle-on-Tyne.
Norton, G. E., Upper Baker-street.
Norman, Burford, Taunton, Somerset.
Railton, T. C., Manchester.
Rudge, C. K., Bristol.
Salaman, S. M., Maida-hill.
Wade, R. C., Manchester.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 14th inst.:—

Franklin, Benjamin, Bedford-place, W.C.
Knowles, John, Northumberland-street, W.C.
Mason, John Dawson, Lewisham-road, S.E.
Ward, William Simpson, Holbeck, Leeds.
Wilson, John Bower, Sheffield.
Wood, Alexander, Banff, Scotland.

The following gentleman also on the same day passed his first examination:—

Fox, Hugh Courtenay, London Hospital.

THE sum of £5000 has been left to the Beckett Dispensary at Barnsley, under the will of the late Mr. J. S. Beckett, of Tormorham, Devon.

THE Town Council of Stamford has deferred until its next quarterly meeting, the further consideration of the measures necessary to be taken to improve the sanitary condition of that town.

IT has been resolved by the St. Pancras Guardians to require from their medical officers, on appointment or re-appointment, an undertaking to give a month's notice of intended resignation of office, or in default to forfeit a month's salary.

THE Town Council of Sheffield has given notice to the Water Company supplying that town, that after next July the company will be required to furnish a constant supply to the inhabitants.

THE Committee of the East Suffolk Hospital have received from a gentleman the acceptable present of six bound volumes of the *Illustrated London News* for the amusement of the patients in the wards.

TWO persons who were inspecting the outlets of a sewer into a canal at St. Helen's, by some mischance fell into the water and were poisoned by the foulness of the water before they could make any efforts to get out.

A TESTIMONIAL, consisting of a handsome timepiece, a very chaste silver inkstand, and a purse, was presented, on the 8th inst., to Mr. Roberts, of Dunster, on the occasion of his leaving that place.

FATAL MISADVENTURE.—At the Derby Infirmary a female nurse recently supplied one of the patients, named John Waite, with what she thought was his medicine, whereas it turned out to be a lotion ordered to be applied to his thigh, which he had injured by an accident. The unfortunate man took a dose of the lotion, and several hours elapsed before the mistake was discovered. The usual remedies were resorted to, but the poor fellow died. The jury returned a verdict that the deceased died from the administration of carbolic acid and oil in mistake.

A SURPLUS sum of £630, which remained after payment of all expenses in connexion with the Dublin Exhibition Ball of last year to the Prince and Princess of Wales, has been appropriated by the committee, on the motion of the Duke of Leinster, to found an Alexandra ward in the Hospital for Incurables, a charity in great local esteem. *Pall Mall Gazette.*

MEDICAL WARRANT OFFICERS.—It has recently been decided that the thirty rupees per mensem field allowance, to which medical warrant officers are entitled when marching in the field, is to be payable when proceeding on duty, in addition to free conveyance or travelling expenses. It has also been ruled that in no case whatever are pensions to which medical subordinates might have been entitled prior to May, 1868, to be reduced.—*United Service Gazette.*

THE person who lately assaulted Mr. Thomas Everett, surgeon, of Crouch End, Hornsey, and about whose sanity doubts had been expressed, has been fined 40*s.* and costs for the offence, and required to enter into recognisances to abstain from further molestation.

AUSTRALIAN MEATS.—On Tuesday last a large number of workmen and their wives were invited to a repast of Australian meat prepared and imported by Mr. Tallerman, of the stores in Norton Folgate. Dr. B. W. Richardson, F.R.S., occupied the chair, and was supported by G. Verdon, Esq., C.B., Messrs. Dutton, Mayne, and Morrison, agents for the Australian and New Zealand colonies, Drs. Stallard and Paul, and Mr. Borlase Childs. The imported meats were dressed in a great variety of ways, and gave general satisfaction. Dr. Stallard observed that the public should regard attempts of this kind with great favour, since there could be little doubt that a large number of persons in the metropolis rarely tasted meat, and were physically unable to earn good wages in consequence.

HOSPITAL ADMINISTRATION.—A paper on this subject will be read on Monday next at the meeting of the National Association for the Promotion of Social Science, by Dr. Buckle.

THE Plymouth, Devonport, and East Stonehouse Pharmaceutical Society held its monthly meeting at the Plymouth Athenæum on the evening of the 12th inst., when a paper was read by Mr. Sandars on "Pill Compounding," in which he pointed out the difficulties encountered in forming many of the more important ingredients of the Pharmacopœia into pills which would retain their shape and efficiency, and made various suggestions with regard to the more intractable ingredients.

GAINSBOROUGH DISPENSARY. — A special general meeting of the governors and subscribers to the Gainsborough Dispensary was held on Monday week, to decide whether, in the event of the present house-surgeon declining to give up all private practice, his appointment should or should not be determined at the end of three months. The *Lincolnshire Chronicle* states that the result of the meeting was a decision, by an overwhelming majority, "that the house-surgeon be retained at his present salary under the condition of his original appointment, which was confirmed at the last general meeting."

A HEALTHY TOWN.—Probably Swansea, situate in the midst of copper smoke, patent fuel smoke, iron works smoke, and smoke from chemical works of almost every description, is one of the healthiest, if not the healthiest, in the United Kingdom, size and population considered. The report of the medical officer of health for the borough (Mr. Ebenezer Davies) for the last quarter has just been published, which shows some remarkable figures. Taken over the three months of the past quarter the annual death-rate was only 15·8 per 1000 of the population, while the death-rate for the past month of December actually was as low as 12·6 per 1000. Seventeen persons died above seventy years of age, of whom five were above eighty years, and one woman died at the age of 101 years. The late admirably-constructed system of sewerage, and the abundant supply of water, both carried out by the local board of health, have doubtless contributed to this satisfactory state of things.—*The Times.*

LIVERPOOL NORTHERN HOSPITAL. —The annual meeting of subscribers was held on Tuesday week, and from the report then read it appears that 1596 in-patients and 2749 out-patients were treated during the past year. The income from all sources was £5001, and the expenditure £4715. The committee have decided to add a small wing to the hospital, giving three additional rooms, to supply the want of additional small wards for special cases. The convalescent fund continues to be of the utmost benefit to distressed patients on leaving the institution, a part of that fund being used for sending patients to the Convalescent Hospital at Southport. A bazaar is to be held in St. George's Hall during the ensuing summer in aid of the funds of the hospital. A vote of thanks to the honorary officers for their services was cordially given, and the appointment of an honorary dental surgeon was determined upon. The Mayor of Liverpool, who presided at the meeting, promised to subscribe £100 towards the erection of the new wing, and an additional £100 if the sum of £800 were raised by July next.

Obituary.

HENRY G. WRIGHT, M.D.

ON the 14th inst. Dr. Wright died at his residence in Harley-street, at the early age of forty-one, after a long and wearing illness, borne with the patience of a Christian philosopher. The son of the proprietor and publisher of a Hereford paper, he was reared in that atmosphere of literature with which his name became so honourably connected in after-life. After passing some years at the College School, in Gloucester, where he was a schoolfellow of Dr. Grailly Hewitt, Henry Wright was apprenticed to Mr. Thomas Cam, surgeon to the Hereford Infirmary, whose friendship he enjoyed to the last, and to whom he dedicated his well-known work on Uterine Disorders. After a couple of years spent in the wards of the Hereford Infirmary, Dr. Wright proceeded to University College, where he passed through the usual course of medical study with credit, and became a member of the College of Surgeons and a Licentiate of the Apothecaries' Society in 1850. Proceeding immediately afterwards to Edinburgh, he there took, after a year's residence, his M.D. degree, becoming a member of the College of Physicians of London in 1860.

On his return to London from Edinburgh, Dr. Wright devoted his time to literary pursuits until the way to practice opened, and so consorted chiefly with literary men, among whom he was a general favourite. He thus became intimate with Douglas Jerrold, the Mayhews, and the Broughs, and was elected a member of "The Club," the still existing descendant of Johnson and Boswell's club. In 1855, Dr. Wright's health failed, and he was advised to seek change of air. He accordingly made a voyage to Australia, returning home, after a long trip in that country, by San Francisco, Panama, and the United States. Returning quite restored, he established himself in Euston-square, and became one of the medical officers to the St. Pancras Dispensary; but moving soon after to Somerset-street, he became attached to the Samaritan Free Hospital, with which institution he retained his connexion to the last. Dr. Wright was also honorary physician to the Seaford Convalescent Hospital, in the foundation of which charity he took an active part.

In Dr. Wright we have to regret the loss of an able and valued contributor to THE LANCET in former years. The series of shorter leading articles first instituted in THE LANCET under the name of "Medical Annotations," which have found numerous imitators in both the daily and the weekly press, was for some time furnished by Dr. Wright, the first appearing on October 25th, 1856; but was not formally designated till a month later, when the motto "Ne quid nimis" was selected by their author as their appropriate heading. Dr. Wright's literary training, ready wit, and classical knowledge enabled him to throw a spirit into those short paragraphs which rendered them especially racy and attractive; and we may quote as an example his proposed device for a Female Medical College, then first suggested,—a pair of bracelets twined round the handle of a parasol, with the motto, "Innupta tenet copula." Contributing to this and other parts of THE LANCET for some years, Dr. Wright took also an active part in the Inquiry into Railway Travelling published in these columns in 1862, of which he was the originator and principal author. As practice advanced, however, he ceased to contribute, and for the last few years only an occasional article has found its way to our office.

To strictly professional literature Dr. Wright contributed early in life, in the form of a work on Headaches, which has run through four editions. He also published occasional papers in the weekly journals, and an elaborate article on "The Early History of Uterine Pathology, and the use of the Speculum among the Ancients," in the *British and Foreign Medico-Chirurgical Review*, in 1865. His work on Uterine Disorders, published in 1867, did much to advance his position as a practitioner; and having in the same year moved to a larger house in Harley-street, he was beginning to reap the fruits of his labours, when the seeds of mischief, long since sown in his lungs, became active, leading eventually to empyema, from which he sank. Besides his professional labours, Dr. Wright was a constant contributor to periodical literature, both the *Pall Mall Gazette* and the *Saturday Review* having the advantage of his pen. With the late editor of the *Saturday Review* Dr. Wright was especially intimate, and was his attendant during his last illness, until his own health failed. As was well known to many in and out of the profession, Dr. Wright was a photographer of no mean order. His contributions to pathological photography were numerous and excellent, and he inaugurated the effort of the Medical and Chirurgical Society to form a collection of photographs of medical and surgical cases of interest. This proposition was carried into effect in 1862, under his own superintendence, and he lavished a fatherly care upon the two large albums containing the collection, and the case-book containing the records of the cases. Dr. Wright has left a wife and children to lament an irreparable loss, and the genuine grief of numerous attached friends followed him to the grave.

DR. GEORGE PESKETT.

WE regret exceedingly to hear of the untimely death of Dr. George Peskett, of Beccles, Suffolk, which has resulted from erysipelas in the arm, consequent on a wound which became poisoned in the course of his professional duties. The *Ipswich Gazette* says:—"In Dr. Peskett the town of Beccles loses one whose career as a professional man had gained for him a universal feeling of esteem and respect—a man of high integrity, independence of character, great professional talent, unwearied diligence, and uniform kindness and attention to the poor, who have sustained a loss which cannot be easily replaced." At the last meeting of the board of guardians of the Wangford Union, of which Dr. Peskett was medical officer, the clerk was directed to communicate to Mrs. Peskett the board's profound sense of his professional skill and constant attention and kindness, their great regret for the loss of his services, and their sympathy with his family under their heavy loss.

Medical Appointments.

BANKS, G., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Admiralty Surgeon and Agent for Wick.

EDYE, S., M.R.C.S.E., has been appointed Surgeon to the West of England Infirmary, Exeter, vice J. L. De la Garde, M.B., F.R.C.S.E., deceased.

GRIFFITHS, T., M.R.C.S.E., L.S.A., has been appointed Surgeon to the Workhouse Infirmary, Merthyr Tydfil, vice F. Allday, deceased.

GURNEY, T., L.R.C.P.Ed., has been appointed Physician to the City Dispensary, Watling-street, vice M. P. James, M.D., resigned.

HARMAN, E. J., L.R.C.S.Ed., has been appointed Apothecary to the Barrack-street Station of the Belfast Dispensary District of the Belfast Union, vice J. Martin, L.K.Q.C.P.I., appointed Medical Officer &c. for the Belfast Dispensary District.

HAYDEN, T., F.K.Q.C.P.I., has been appointed Censor to the King and Queen's College of Physicians, Ireland, vice James Little, M.D., resigned.

HAYNES, J. R., M.R.C.S.E.—The term for which Mr. Haynes was appointed House-Surgeon to the Westminster Hospital having expired, he has been appointed Resident House-Physician, vice C. T. Winckworth, M.R.C.S.E., whose appointment has expired.

LILLY, H. W., M.R.C.S.E., has been elected District Medical Officer for the Western Division of Notting-hill, in the Parish of St. Mary Abbotts, Kensington.

LITTLE, J., M.D., Physician to the Adelaide Hospital, has been appointed joint Lecturer on the Theory and Practice of Medicine at the Ledwich School of Anatomy &c., vice Moore, appointed Physician to Sir Patrick Dun's Hospital.

MARTIN, J., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Belfast Dispensary District of the Belfast Union, vice T. C. S. Corry, M.D., resigned.

MITCHELL, J., M.D., has been appointed Medical Officer for the 2nd Division of the 2nd District of the Penrith Union, Cumberland.

O'CONNOR, Mr. T. B., has been appointed Physician's Clinical Assistant to the Hospital for Sick Children, Great Ormond-street.

PAULI, G. C., L.R.C.P.Ed., has been appointed Medical Officer for the Barton District of the Luton Union, Bedfordshire.

TIMMON, W. P., L.A.H. Dub., has been appointed Apothecary to the Workhouse Infirmary, Fever Hospital, and Navan Dispensary, Navan Union, Co. Meath (a new appointment).

Births, Marriages, and Deaths.

BIRTHS.

AMBLER.—On the 13th inst., at Hemel Hempstead, the wife of E. H. Ambler, F.R.C.S.E., of a daughter.

CARPENTER.—On the 19th inst., at Walworth-road, S., the wife of Edward Carpenter, M.R.C.S., L.S.A., of a son.

DALZIEL.—On the 17th inst., at Morpeth, the wife of James Dalziel, L.R.C.P.Ed., L.F.P. & S. Glas., of a daughter.

HARDESTY.—On the 18th inst., at High-street, Lochee, Dundee, the wife of J. Jeffrey Hardesty, L.R.C.P. & S. Edin., of a daughter.

HARRISON.—On the 13th inst., at Albany-court-yard, Piccadilly, the wife of J. Harrison, F.R.C.S.E., of a son.

LONG.—On the 15th inst., at Wells-next-the-Sea, Norfolk, the wife of F. Long, L.R.C.P.L., of a son.

MUIR.—On the 26th ult., at Halifax, Nova Scotia, the wife of Dr. Henry Skey Muir, of H.M.'s Medical Staff, of a daughter.

MARRIAGES.

JOHNSTON—COCHRANE.—On the 7th inst., at Edinburgh, Andrew Charles Johnston, L.K.Q.C.P.I., Assistant-Surgeon R.N., to Kate, daughter of John Cochrane, M.D.

MASON—STEVENSON.—On the 7th inst., at Christ Church, Doncaster, Fred. John Mason, M.R.C.S.E., of Lincoln, to Lizzie, second daughter of the late John Stevenson.—No Cards.

MORRIS—BROWN.—On the 19th inst., at Monkstown Church, Co. Dublin, J. C. Morris, Surgeon, of Abernant, Co. Glamorgan, to Emilie Wilhelmina Brown, only child of the late William Brown, Esq., of Greenfield, Rathfernham, Co. Dublin.—No Cards.

DEATHS.

BUTLER.—On the 14th inst., James Butler, M.D., of Thurles, Co. Tipperary.

GILLAM.—On the 12th inst., at Prince's Risborough, Bucks, after a few days' illness, George Jules Gillam, M.R.C.S., L.S.A., late of Burnham, Bucks, aged 41.

GURDON.—On the 9th inst., C. G. Gurdon, M.R.C.S.E., of Boxford, Suffolk, aged 23.

WILLS.—On the 12th inst., after a long and painful illness, Charles Thomas Wills, M.R.C.S.E., of Merthyr Tydvil, aged 53.

WRIGHT.—On the 27th ult., H. Wright, M.R.C.S.E., of East Bridgeford, Nottinghamshire, aged 46.

Medical Diary of the Week.

Monday, Jan. 25.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Casual communications.—8½ P.M. Mr. Wm. Adams: Second Lettsomian Lecture, "On Subacute and Chronic Affections of the Joints; their Pathology and Treatment."

Tuesday, Jan. 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Westmacott, "On Fine Art."
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. Hyde Clarke, "On the Proto-Ethnic Condition of Asia Minor, the Chalybes, Idæi, Dactyli, &c., and their Relations with the Mythology of Ionia."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Adjourned Debate on Drs. Gull and Sutton's paper "On Rheumatic Fever;" and paper by Mr. John Wood, "On Extroversion of the Bladder, &c.;" or by the late Dr. Hillier, "On Hydronephrosis."

Wednesday, Jan. 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—7 P.M. Special Meeting of Council.—8 P.M. Dr. H. G. Sutton, "On the Difficulty of Diagnosing Rheumatic Fever from Pyæmia."

Thursday, Jan. 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Rupert Jones, "On Entozoa."

Friday, Jan. 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—8 P.M. Mr. Ruskin, "On Flamboyant Architecture of the Somme Valley."

Saturday, Jan. 30.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On Hydrogen and its Analogues."

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Notes, Short Comments, and Answers to Correspondents.

THE MAN WITH TWO MEMORIES.

UNDER the above title our contemporary, the *Spectator*, enters into a very interesting discussion of a metaphysical and psychological character. It appears that George Nickern, a German, of New Orleans, after being nearly killed by a fall from a platform some months ago, and for many weeks deprived of consciousness, recovered his health and mental powers completely, with the exception of his memory, which at present dates entirely from the beginning of his recovery, and is a complete blank as to everything of which he had acquired a knowledge before his fall. As our contemporary remarks, the case, though curious, is by no means unexampled. We might refer to the records of some similar occurrences in works on psychology and physiology, and we may take an opportunity of returning to the subject hereafter. Instead of being altogether knocked out of time, as it were, by a blow or severe illness, and being reduced to the mental condition of an infant, while physically the individual retains his adult characteristics, there are some curious cases in which all knowledge of a particular language, say, has been lost, the memory retaining, however, its power in all other respects. If ours serve us aright, we have read an account of a patient who on recovery from a severe illness was found to be unable to express herself in the language which she spoke immediately before her attack, but used another which turned out to be Welsh—a language which she had acquired in childhood, and subsequently forgotten. We heard only the other day the following case:—A young lady, staying in Germany, was attacked with typhoid fever, by which she nearly lost her life. On her recovery it was found that everything preceding her illness was a blank. She knew neither English nor German, although well acquainted with them before, and she had not the faintest recollection of her brother. She had to begin her education again with her letters like a child, for the most simple story books of one syllable were as Hebrew to her. It occasionally happens that the lost knowledge as suddenly returns; more often this is gradually restored, the mental power advancing with the increase in strength and exercise of the nutritive and reparative functions, and when the normal state of the nervous centres has once become re-established, the advance has been remarkably rapid. The writer in the *Spectator* suggests as possible—what actually happened in the first case to which we have adverted—that this New Orleans lad might, by a fever, or a fresh fall, or some other disturbance of the brain, recover his old memory, and lose his new one; and he alludes to some examples of this kind of alternating memory. We wonder the fact has not been more turned to account by novelists or dramatists. Dickens, it will be remembered, has done this in "The Haunted Man," the chief moral of the story being contained in the words "Lord, keep my memory green!" We quite agree in thinking that a thoroughly well observed case of this kind, in which not only the alterations in the progressive development of the mental powers, but the alterations in *character* were carefully recorded, would be highly interesting. We require to ascertain accurately whether the previous experience, obliterated by disease or injury, has nevertheless stamped the character it helped to form, so as to act unconsciously upon the individual subsequently. Deviations in character, if any, should be traced, in order to discover in what respect the second infancy differs from the first—whether, in short, the store of experience by which the person was guided before the accident being gone, the character trained by that experience remains.

THE *Free Lance*, by its article "In the Midst of Life," corroborates and even strengthens the force of the remarks we have felt it our duty to make in reference to the Strand "dead-house." Our contemporary may be congratulated on being able to say that in Manchester, at least, the dead are not deposited in miserable hovels "in the midst of life." It is our hope to be instrumental in bringing London into the same satisfactory position.

Walter P.—Order the book through any bookseller; the cost is only a few shillings. No candidates of the kind are required in the Army Medical Department. Dispensers are now abolished; hospital sergeants, after passing an examination, act as dispensers.

A Surgeon, (Volunteer Artillery.)—No regulations have as yet been issued on the subject.

SNAKE-BITE.

Omega, who seems to have had considerable experience of snake-bites, refers to the case of a boy bitten by a tiger-snake in Melbourne, and who was said to have recovered through the administration of carbolic acid. "Omega" believes that the restoration of the boy to a safe condition was due to the stimulants taken. As far as we know at present, the free use of powerful stimulants, and keeping the patient moving, is the plan most frequently followed by recovery from snake-bite.

Meredith.—We would willingly insert a shorter letter from our correspondent, though he does scant justice to the moderation of our view of the question.

Dr. Syson is thanked for a plan and section of an improved dry privy, now being used in the borough of Salford.

C. L. J. should consult without reserve some qualified medical practitioner of reputation. There is no need for any anxiety on the matter.

THE RECONSTRUCTION OF THE ARMY MEDICAL SERVICE.

IF we printed all the letters we have received on this subject, our journal would contain little else, and we need not add that, with every wish to do our correspondents justice, there are other matters which equally demand our attention. We will, however, make an abstract of some of the more important communications. In the first place, it is evident the regimental system is decidedly the favourite, at which we are not surprised; but we regret to say that P.M.O.'s and inspecting medical officers are not very popular apparently, some of our correspondents alleging that they obtain more consideration from their military than their medical superiors. The advantages of the regimental system are asserted to be: its great popularity; the minute and practical acquaintance which it affords a medical officer of everything appertaining to the soldier in relation to his military duties, medical routine of the service, &c.; the influence which a medical officer can use with the commanding officer for the benefit of the service, and the comfort and health of his corps, which he would lose if he were not part of that corps; the continuity of observation afforded, giving the doctor a personal acquaintance with the medical history, strength, and capacities of his regiment; the amalgamation of interests, and the emulation to maintain an efficient corps, which would be diminished or lost if medical officers were attached, and not an integral part of a regiment. The regimental system is held to be better adapted to the ordinary peace establishment. The system existing at present is said, in fact, to resemble that of the Royal Engineers, who are divided into two classes of officers—those with the regiment, and those on the staff; the existence of regimental and staff medical officers admitting of both parties being satisfied—viz., those who prefer and those who dislike a regimental life. Lastly, attention is directed to the evils attending the general hospital system, and to the testimony of many experienced military surgeons, sanitarians, and army economists adverse to that system, and favourable to the regimental. We do not say that we have included all that has been advanced; but we have brought forward the more important points. An officer, however, who has served eleven years in a regiment, with nine on the staff, and boasts of unusual opportunities for forming an unbiased opinion, who was in three campaigns in India, besides serving in the Mediterranean and the Cape, terms the present organisation a pernicious one, and writes us a long paper, setting forth his reasons for wishing to see it broken up. He concludes his communication by an extract from Dr. Muir's Report in the last blue-book on the substitution of a general hospital at Montreal for the four line regimental hospitals. Doctors differ! To us, however, it is a matter of perfect indifference, apart from an honest desire to benefit the medical officer and the soldier, with a fair regard to the interests of the tax-payer, which system is adopted, so that it be the best. Whatever system be determined on, medical men might surely manage their own hospitals without the aid of military governors. For our own part, we believe it to be quite possible to retain the advantages of both the regimental and the general staff systems. The disproportion between the number of regimental medical officers and the sick at a large garrison and permanent camp not very far from London, however, has attracted attention, and supplied those bent on retrenchment with arguments, which we may be sure they will use.

Dr. David M. Cassidy.—Application should be made to the Colonial Secretary at Jamaica. From private information which we have received, we are enabled to state that the prospects of medical practice in the island are not of an encouraging kind. But, of course, the case is different where a certain sum is secured by way of salary, and a definite public appointment obtained.

DAMPNESS OF SOIL AND PHTHISIS.

WE have received a copy of a long letter which Mr. Middleton has addressed to Dr. Buchanan, in reply to the letter which appeared in our columns last week. It goes over the old ground; and as it does not contain any new points of importance, and as the facts of the case in dispute are now fairly before the profession, so far as our columns are concerned the discussion must now close.

IODINE AND CARBOLIC ACID FOR LOCAL APPLICATION.

To the Editor of THE LANCET.

SIR,—In your number of the 12th ultimo you noticed a formula of mine, showing the efficacy of the combination of the tincture of iodine and carbolic acid, in which, as you have justly observed, the proportions are erroneously given in the French journal. They should be as you have given them. In fact, the formula is the same as that recommended by Dr. Percy Boulton in THE LANCET of the 27th July, 1867, with the exception of the glycerine, the addition of which, from its emollient and soothing properties, is, I consider, an improvement.

I would here beg to remark that, notwithstanding the great advantage of this combination, it has one serious drawback, which often precludes its employment as a therapeutic agent. I allude to the strong odour of the carbolic acid, which is intolerable to some persons, and almost impossible to disguise. I therefore sought a substitute for the above, and have found the following answer very well:—Tincture of iodine, one drachm and a half; glycerine, two ounces; solution of chlorinated lime, six ounces. Half an ounce of this solution to six or eight ounces of water is used in all cases to which the tincture of iodine or chlorinated lime is applicable. The solution is perfectly colourless, and may be used with advantage as an injection in diseases of the rectum or vagina, accompanied with fetid discharges. I have also found it very efficacious as a lotion in allaying the intense itching in vulvar pruritus, and as an injection in blennorrhœal and leucorrhœal affections. I remain, Sir, your obedient servant,

ALEX. BOGGS, M.D.,
Late of Her Majesty's Indian Army.

Paris, Jan. 12th, 1869.

THE VACCINATION ACT AT WORK.

FROM many parts of the country we receive intelligence of active measures being taken to render the provisions of the Vaccination Act effective. The following report made last week to the Sheffield Board of Guardians by Mr. Lester, their vaccination inspector, affords a fair sample of the amount and kind of work which has to be done in rooting out small-pox when it has been once allowed to have its way for a time:—

"I have again only a little that is encouraging to report as to small-pox. It continues very bad both in Brightside and the Park. In Brightside there are something like seventeen children who are known to have the disease, most of whom come within the provisions of the Vaccination Act, but were either taken with the disease before being found out, or before vaccination could be successfully performed after being found out. In the Park, numbers of fresh cases still break out, in spite of the efforts made to prevent the spread of the infection; and much time is spent in visiting and revisiting houses where the disease exists, to see if the recommendations given are being carried out; hence the smallness of the number of families inspected and reported; still there are families visited and not reported, as there were no signs of a disregard of the law apparent to the inspector. There does not appear to be much small-pox in the North district, only one or two places being infected. The South and West districts appear almost free from the disease. In Attercliffe there are few cases, but no deaths that I hear of. The infected portion of the district is Carbrook, and fears are entertained that it may be spread even over the whole district, as there is reason to suspect that the disease has been communicated from the Park. Most of the registrar's lists have been for a time in the hands of the assistants, with orders to take only those cases in the infected neighbourhoods; but now they are being pushed forward with more rapidity. The number of applicants at the vaccination stations continues to increase, showing that the present measures are satisfactory. The summary of the fifth week's house-to-house visitation is as follows:—

	Families visited.	Children inspected.	Found vactd.	Unvaccinated.
North	109	291	247	24
South and West... ...	120	301	222	32
Brightside	144	369	290	58
Park and Attercliffe...	61	169	110	22
	434	1130	878	136."

The Bradford (Yorkshire) guardians have just issued a circular urging parents to have their children vaccinated, and warning them of the penalties attached to non-compliance with the Act. At Manchester three persons were fined by the magistrate last week for non-compliance with the requirements of the Act: one of them for neglecting to have his child vaccinated within three months after birth, and the other two for omitting to send certificates of vaccination of their children by their private medical attendants to the registrar within the twenty-one days. The Warwick guardians have directed proceedings to be taken in a few selected cases, in order to make it known that they intend to enforce the Act. The Bristol authorities are likewise energetic in their endeavours to insure general vaccination. Dr. Puckle, the medical officer of health for Lambeth, reported last week the deaths in that parish of four young children, all unvaccinated, from small-pox.

An Enquirer.—Dr. Parkes's Manual of Hygiene and Dr. Miller's work on Chemistry might be consulted. There is no special work on the subject so far as we know.

DR. POWELL'S BOOK ON ELECTRICITY.

To the Editor of THE LANCET.

SIR,—Referring to the critique in your publication of the 16th instant of the above work, I beg to draw your attention to one of the latter statements, in which your reviewer mentions that "most of the woodcuts are taken, without acknowledgment, from a recent paper by Mr. Radcliff." This I most positively deny, as the paper of Mr. Radcliff, which appeared in No. 1 of *The Practitioner* (to which I suppose your reviewer alludes), contained but *three* cuts in any way resembling mine (which number twenty). One of these (fig. 9), "Stohrer's battery," was kindly sent to me by Mr. Pratt, of Regent-street, who is the agent of this battery. The others are cuts of Duchenne's brush and conductors (figs. 14 and 15), which were taken from the actual instruments themselves, whose name I have appended in each instance.

As to the first part of your reviewer's observations, any impartial reader of the book will see that the "violation of the rules of Lindley Murray" were typographical errors, to which most books are subject, especially when hurriedly written.

Your obedient servant,
Upper Leeson-street, Dublin, Jan. 19th, 1869. GEO. D. POWELL.

*** We willingly give Dr. Powell the benefit of the correction he desires, and admit we should have said that "some," instead of "most," of his illustrations were taken, without acknowledgment, from Mr. Radcliffe. Out of Mr. Radcliffe's eight figures, five are so taken, or at least they are *copied precisely*, although somewhat reduced in size. It is perfectly true that the figures so reproduced by Dr. Powell were taken, as he says, "from the actual instruments themselves;" but they were so taken for Mr. Radcliffe, not for Dr. Powell. Dr. Powell's fig. 15 proves this, because it represents an individual peculiarity in Mr. Radcliffe's manner of holding the directors, which differs slightly from Duchenne's manner of doing the same thing. Dr. Powell is quite right in saying that typographical errors occur in most books; but it is not common to see them on almost every page, if the author himself knows how to spell. Moreover, "typographical errors" do not explain bad English, unless on the principle of the Irishman who excused his faulty spelling by the badness of his pen. In the very letter that Dr. Powell has sent us, he twice mis-spells the very well known name of Mr. Radcliffe; and he writes "the instruments themselves, *whose name* I have appended in each case." Dr. Powell should make himself better acquainted with scientific subjects before he writes about them, and should study grammar before he writes at all.

"ALWAYS WITH US."

WE have always been of opinion that no satisfactory progress will ever be made in providing proper dwellings for the labouring classes, or in the practical application of sanitary science, until the public is fairly convinced of the necessity and economy of carrying out the various Acts of Parliament bearing on these important questions. We hail with great pleasure, therefore, the assistance of the *Daily Telegraph*. On the 16th instant a round with the sanitary inspector in Whitechapel is graphically described. Courts and houses are there to be found by the score, in which human beings exist in a state of overcrowding and indecency which produces disease, pauperism, and crime just as certainly as two and two make four. In one court there are but four square yards for each inhabitant; in another only three yards separate two rows of houses, and such was the dreadful closeness of the rooms during the heat of summer that the women and children brought out their bedding, and, tumbling it upon the ground at the far end of the court, slept there. Such exposures we trust will help to bring about an effectual remedy for the evils described.

X. Y.—The best course for our correspondent to pursue is to obtain a governor's letter for admission to any of the larger hospitals in London. He may be sure of kind and skilful treatment. Patients are influenced oftentimes in the selection of hospitals by the previous stay therein of their friends.

MOISTURE AND HEALTH.

DR. WHITMORE, in his report on the health of Marylebone during the month of December, observes that although the general opinion is that the mild and wet weather which has so long prevailed has been productive of great sickness and mortality, he has not found it to be the case in Marylebone, where the returns both of sickness and mortality were less in December last than in the corresponding month of 1867.

Dr. W. Anderson's (Newfoundland) paper shall appear in an early number.

PRACTICAL MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—Having read your leading article in THE LANCET for January 2nd, on the advantages of a quasi-medical apprenticeship, I beg, with your permission, to endorse the facts stated therein, and to describe the effects of the non-apprenticeship system.

As the son of a medical practitioner, I might be supposed to have been not only actually "apprenticed," but also duly initiated into the "shibboleth" of medicine according to the rites and ceremonies of practitioners of general practice. I went, however, from a public school to a school of medicine without the advantage of more than a nominal intuition in the duties of a general practitioner, my father having an aversion to my studying the practical performance of the work of an ordinary medical apprentice. At the school of medicine I gradually learned my profession in all its various departments, the aforesaid shibboleth excepted. Having taken prizes and passed my examination with credit, "honours of the Court" included, whatever they may be worth, I found myself on the actual threshold of the profession, a rooted aversion for the common duties of general practice being one of my qualifications. Taking office as house-surgeon in institutions where a dispenser was provided, I followed surgery and medicine pure and simple for a period of a few years. But a man cannot be always house-surgeon or resident medical officer if he has any ambition to better himself; and unless he is content to follow general practice, or starve genteelly as a pure surgeon or physician, he may be glad of some other line of practice. Thus, after various ins and outs, I committed myself to a specialty, at which I am probably as good as most who follow it; the necessary qualification for general practice, the shibboleth, having never been acquired; and in consequence of a feeling of indifference or dislike to its performance, I have never, and in all human probability shall never, incline to the peculiar institution.

I believe, after fifteen years' experience of the profession, that unless a youth is actually trained and forced to learn the shifts and dodges of general practice when young and pliant, he will never follow them afterwards; and, whether for better or worse, he may as well determine at the outset of his career which this shall be. There are happily many avenues to distinction in our profession, if not actually to emolument, and possibly in other directions than general practice affords; he may secure the former, if not the latter. However, it is, I am persuaded, indispensable, as some must do common work, that general practice, *per se*, must be taught in order to be successfully followed, for it is strictly a science of itself.

I am, Sir, your obedient servant,

January 6th, 1869. M.D.

PRECOCIOUS DEPRAVITY.

THE *Brighton Advertiser* records a case of juvenile depravity in a girl, scarcely less shocking than that instanced in THE LANCET of Nov. 7th by Dr. King, of Rochford. A child, aged fourteen years last April, gave birth at Lewes, on the 20th November following, to a male infant, which lived six weeks, and then, as might be expected, became the subject of a Coroner's inquest. We understand that the man in the Rochford case was prosecuted under the criminal law, and sentenced to imprisonment, for seducing a child of such a tender age as eleven years. The Lewes girl could not have been fourteen years old when she was debauched, and we should be glad to hear that the law is equally applicable to her case.

W. E. K. should make an application, stating the nature of the information required, to the Colonial Office.

Dr. Kennedy (Dublin) will see that no part of the debate has been at present published, nor will it be until after the next meeting of the Society.

Mr. H. Owen Thomas.—It is to be regretted that our correspondent did not more fully explain his method of treating fractured jaw in the paper published in THE LANCET, January 19th, 1867. From reading that paper, one could not have formed an idea of the ingenious method pursued by Mr. Thomas, which he has fully elucidated in a pamphlet recently published.

Mr. E. S. Pearse.—The subject shall receive our attention.

PRACTISING HERBALISTS.

IT is a monstrous thing that the State permits herbalists, herb doctors, and the like to trifle with the lives of individuals stricken by serious disease, and takes so little care to protect those who cannot protect themselves from the ignorance of parents and relatives. An inquest was lately held at Keighley on the body of a boy, nine years of age, who died from the after-effects of scarlet fever. The boy was attended for three weeks by a herbalist, one Anthony Spencer, who administered a concoction of hyssop, yarrow, parsley, and honey; but when serious symptoms made their appearance a medical man was called in, just before the death of the child, and he very properly refused to grant a certificate of death. This brought the matter before the Coroner and his jury, when it appeared that the deceased had been seized with acute lung mischief, which by proper skill would most probably have been prevented from terminating fatally. The Coroner held Spencer to be "highly reprehensible in treating a disease when he evidently knew nothing at all about it." But the jury returned the astonishing verdict of "Died from natural causes," as in many other cases of a similar kind. It says, in fact, that unqualified men may with impunity be allowed to treat medically, without let or hindrance, so grave a disease as scarlet fever, which is specially attended by many and serious consequences, against the occurrence of which the skilful practitioner must needs guard with extreme care and intelligence.

Mr. W. Squire Ward.—We know nothing of the remedy named, and we believe it to be utterly useless in the disease mentioned by our correspondent.

An American M.D.—Our irate correspondent is utterly wrong in his view of the case. If he will take the trouble to read once more the remarks we made, he will probably see that we referred contemptuously to the behaviour of the Colonial Government in their threat to introduce medical men into the island from America, because they could not have their own way. We did not refer at all to the qualifications of Americans. We are quite sure that our correspondent's temperament is such that he would very quickly resent any pressure put upon himself such as is now attempted in the case of the practitioners of Jamaica.

Mr. E. B. Owen (St. Mary's Hospital) is thanked.

Veritas should bring the whole of the facts under the notice of the General Medical Council.

DIETARY OF CHILDREN.

To the Editor of THE LANCET.

SIR,—I beg to bring before the notice of the profession a matter which seems to me of supreme importance, as it concerns the health and strength of the rising generation.

No medical man who has practised much, especially amongst the poor, can have failed to see how unwisely and ignorantly children are often fed, and I propose to single out one very glaring example.

There is a very light, delicious, and, in its proper place, an exceedingly useful article of diet, which has for several years been before the public, called corn-flour. The makers of this article conceal nothing as to its nature or mode of preparation, being content that it should stand on its own merits, as the starch of maize, separated from the albuminous portion; and in their advertisements the makers strongly advise this, among other uses, for children's food, recommending it to be used with milk. So prepared, although not a perfectly reliable article of diet, still it is, by the addition of some nitrogenous matters, a more satisfactory food. But the misfortune is that numbers of children are fed on it alone, added to water, and we all know that starch will not make flesh and blood and bone.

I have had many cases of skeleton-like children brought to me, and on my inquiry as to the nature of their food, have so often had the reply, "corn-flour," as to have awakened in my mind a considerable interest in the subject.

Your obedient servant,

January, 1869. A LATE POOR-LAW SURGEON.

*** Indian corn-flour, now so largely vended, is very nearly a pure starch. It is, in fact, an arrowroot, and should be used only for the same purpose and with the same restrictions as arrowroot. We have repeatedly drawn attention, as has also Dr. Hassall, to the absence of flesh-forming properties in Indian corn, and have cautioned the public against its use, except with milk, broth, beef-tea, or some other nitrogenous food.

Chemicus.—The Act will not be put in operation against a qualified medical practitioner; so that our correspondent can keep a retail business, unless forbidden by any special bye-law of the Corporation which gave him his diploma.

HAIR-WASHES.

Wrist-drop.—We were the first to call attention to the deleterious nature of the so-called "hair-restorers." See an article upon the subject in THE LANCET of August 15th, where the fact that lead is the active ingredient is pointed out.

THE Bridgwater guardians have resolved that midwifery orders shall be given to the poor more cautiously than heretofore. In cases where medical aid is urgently needed, and whenever the circumstances of the applicant render him a fit object, such aid is to be granted by way of loan, the repayment of which is subsequently to be enforced.

A New Subscriber.—1. Yes, by courtesy, but not by right.—2. No one who does not hold a University degree is entitled to place "M.D." after his name.

A QUERY.

To the Editor of THE LANCET.

SIR,—Will any of your readers who may happen to have used perchloride of iron as an injection to check post-partum hæmorrhage, kindly inform me of the strength of the solution used? Having lately almost lost two cases from flooding, I have made up my mind always to go provided with a syringe and a supply of the tincture.

Yours obediently,

January, 1869. T. J., M.D.

METROPOLITAN BOARD OF WORKS.

THE Metropolitan Board of Works, in its Annual Report, states that the whole of the works comprehended in the main drainage scheme, except the northern low-level in part and the Abbey Mills pumping station, have been in operation for three years; that the result has been a purer condition of the Thames, this being especially evident from the fact that during the recent hot summer no ill-effects in the way of offensiveness was perceptible as in former times; that the results of irrigation are markedly satisfactory, seventy-one tons of grass per acre having been grown in one year from certain lands.

H. A. R.—We would recommend our correspondent to purchase Marshall's Physiology for the purpose assigned.

Mr. J. W. Knight.—In such observations sometimes lie the germs of future discoveries. Our correspondent should experiment for himself with different oils and different people. The appearance noted may arise from a kind of saponification occasioned by the ammonia sometimes present in the breath.

REFUSAL TO CERTIFY A CAUSE OF DEATH.

THE *Shrewsbury Chronicle* of the 15th instant contains the following:—

"Last week a poor man, named Bennett, died in the neighbourhood of Criggion after three weeks' illness. His father applied to the parish medical officer for a certificate of the cause of death, which was refused, and the applicant referred to the policeman. Not hearing more of the matter, and the death being still unregistered, he went direct to the Coroner, stated the case, and having satisfied him as to the nature of the death, again went to the medical man for his certificate. The latter once more refused it. Next the poor fellow travelled to the registrar, who would not register without the cause of death was duly certified. A third time he went to the doctor, who once more declined, and sent him to the policeman. The body was eventually buried on the authority of the Coroner. The question naturally suggested is, Why was the certificate withheld in the first place?"

The inference which appears to be suggested is the purely gratuitous one that the medical man needlessly and vexatiously refused to certify the cause of death, of which he was fully aware, and about which the Coroner was satisfied. We rather infer that the medical man was aware of some circumstance in connexion with the death which warranted him in refusing to certify its cause, in order that it might be further inquired into. It is, of course, possible that the refusal to certify was a mere matter of caprice; but we decline to believe anything of the sort. We think, however, that the medical man should state what his reasons were, in order that his professional conduct may not be wrongfully impugned.

Dr. Sarvis's communication relative to Scarlatina in Bethnal Green shall be noticed next week.

THE *South London Press* says that the water supplied to the southern metropolitan districts "is getting so bad, so white and curdled, that it will soon pass for milk, or anything else."

W. T. W.—The first part of Fownes's book on Chemistry.

A Subscriber.—All persons registered in the future will be entitled to a copy. Application should be made to the Office of the General Medical Council, Soho-square.

THE PHARMACY ACT AND OPIUM-EATERS.

To the Editor of THE LANCET.

SIR,—One of the effects of the new Pharmacy Act, one probably little contemplated by its promoters, has been to check the practice of opium-eating in villages and remote country districts. In my own village and immediate neighbourhood this practice exists to a considerable extent, the opium being retailed by the grocers and other small shopkeepers. I am credibly informed about 3oz. a week are so distributed. Since January 1st, four cases of opium sickness and purging have come under my own immediate notice—i. e., in which the practice and its compulsory cessation have been admitted, and I have heard of others.

The opium is first commenced, I believe, to obtain ease from the nightly myalgia so common in low marshy districts, especially among the labouring classes. In each case the sudden withdrawal of the drug caused overwhelming sickness, complete prostration of body and mind, severe rigors, great loathing of food, an utter inability to sleep, constant purging; the wretched woebegone expression of the features being peculiar and almost distinctive. These symptoms continue till some sound sleep has been obtained, when the patient generally wakes with an appetite.

The most appropriate treatment appears to be that recommended by Christison: a liberal supply of brandy, the use of suppositories of morphia, and the cautious exhibition of Indian hemp.

I am, Sir, your obedient servant,
Rolvenden, January, 1869. THOS. JOYCE, M.D. Edin.

Mr. T. Harley.—Yes; a M.R.C.S. can "act as deputy in general practice under the Poor-law Board." The 199th article says: "Every medical officer shall be bound to visit and attend personally, *as far as may be practicable*, the poor persons entrusted to his care, and shall be responsible for the attendance on them." In the 7th Off. Cir., 225, it is said that "the Board are not prepared to say that in ordinary cases the medical officer may not employ, under his own superintendence, his assistant, apprentice," &c. Again, under art. 193, the guardians have power to appoint a temporary substitute in case the principal is prevented by any casualty from performing his duties.

Dr. Macnab.—We have already furnished a great deal of precise information on the subject, and the demands on our space will not allow of our giving publicity again to the Act in full. If our correspondent will inform us on what point he is doubtful, we will supply him with the knowledge he requires. The Act itself may be purchased for a few pence at Hansard's, Great Queen-street, Lincoln's-inn-fields, W.C.

Enquirer.—Certainly. It is customary, however, to make some reduction in the actual fee, especially in the case of children.

SICK ASYLUMS.

A CORRESPONDENT asks for information as to Mr. Goschen's reply to the deputation of the managers of the Newington Asylum, which waited on him last week. It ran as follows:—

"Nothing could be more strongly expressed than was the opinion of Parliament in passing the Act of which the order of the Poor-law Board was the necessary result. It held that the sick paupers must be separated from the healthy, and it was evident this could be most economically done by combining parishes, rather than by each making provision separately. The whole subject of the Poor-laws was receiving the anxious consideration of Government. Certain charges in connexion with these asylums—as the medical attendance and nursing—were to be paid out of the common fund to the relief of the poorer parishes, and possibly still further relief might be extended to them in this manner; but he could not comply with the request of the deputation. To do so would be deliberately to reverse the policy of his predecessors. They had shown him no new reasons for such a course—nothing which did not exist when the district was formed. This the deputation must admit."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the last meeting of the above Society Mr. Solly, the President, occupied the chair. Dr. Meryon's name was accidentally substituted for that of the President.

A CAUTION.

To the Editor of THE LANCET.

SIR,—The thief described under the above heading in your impression of the 9th instant, obtained admission to my consulting room the first week in January, under the pretence that he was sent for me to call and see an old patient of mine who was very ill. Immediately on his departure I missed my pocket-case and a silver catheter. He was tall, with reddish whiskers and moustache, blue eyes, and florid complexion, and wore a brown double-breasted coat, light trousers, and a round felt hat.

I am, Sir, yours truly,
Stratford-grove, Essex, January, 1869. J. S. HOSFORD.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Wm. Jenner; Dr. Brown-Séquard; Prof. Halford, South Yarra; Dr. Ogle; Dr. Squire; Sir D. Corrigan; Mr. Soelberg Wells; Dr. Thudichum; Dr. Peter Allen; Dr. Meadows; Dr. Lory Marsh; Mr. Walker; Mr. Ellis; Mr. Pemberton, Birmingham; Mr. Sharpe; Mr. Macnab; Mr. Parsons; Mr. W. Anderson, Newfoundland; Dr. Phillips; Mr. Griffith, Merthyr Tydfil; Mr. O'Connor; Dr. Fox, Broughton; Mr. Hemming; Mr. Morris, Kingstown; Dr. Jones; Mr. Beynon; Dr. Dickinson; Mr. Macnamara; Mr. Fife; Dr. Syson, Manchester; Dr. Kennedy; Mr. Lilly; Mr. Schacht; Dr. Crisp; Dr. Lister, Ashton; Dr. Goodchild, Warwick; Mr. Rotter; Mr. Walker, Wakefield; Mr. Mason, Lincoln; Mr. Hardy; Mr. Mander; Mr. Bulmer; Mr. Barker; Dr. Charteris; Dr. Cassidy, Inverness; Dr. Dalziel, Morpeth; Mr. Cooke; Mrs. Williams, Brighton; Mr. Dudley, New Brompton; Dr. GreatRex, Kidsgrove; Mr. Gell; Dr. Hale, Barrow Hill; Mr. James; Dr. Sanderson; Mr. Boness, Ilford; Mr. Hawson; Mr. Lees, Ardwick; Mr. Curtis, Weymouth; Dr. Powell, Dublin; Dr. Sarvis; Dr. Hendry; Mr. Wills, Merthyr; Dr. Wadd; Dr. Hardesty; Mr. Rice; Mrs. Dewar; Dr. Burkham, Keelby; Mr. Middleton, Salisbury; Mr. Cresswell; Mr. Moran; Mr. J. F. Churchill, Pembury; Mr. Davies; Mr. Thomas; Mr. Haworth, Keighley; Dr. Reilly, Dublin; Mr. F. A. Bedwell; Dr. Simpson, Southampton; Mr. Turnbull; Mr. Le Neve Foster; Dr. J. S. Hosford; Dr. Shepherd; Dr. Milligan, Hayfield; Mr. Coleman; Dr. M'Donnell, Dublin; Mr. Fuller; Mr. Owen; Mr. M'Wharrie, Eastfield; Mr. Charnen; Dr. Johnstone; Mr. Morgan, Bristol; Dr. Keith, Normanby; Mr. Palmer; Mr. Pearse, Brierly Hill; Dr. Fennell, Llandaff; Mr. Sturkey; Dr. Pike, Weyhill; Mr. Hetherington; Mr. Sims; Mr. Goodsir; Mr. Holman; Mr. Knight; Mr. Green; Dr. Oxley, Liverpool; Mr. Cartley; Mr. C. J. Fox; Dr. Banks, Wick; Dr. M'Elroy; Mr. Ramm; Mr. Hallett, Middlewich; Mr. Muir, Ipswich; Dr. Mackaye; Dr. Nicholls, Chelmsford; Mr. Symes; Mr. Horner, Plymouth; Mr. Covey, Fyfield; Mr. Howard; Mr. Williams; Mr. Whidborne; Mr. Henson, Manchester; Dr. Woodward, Worcester; Mr. Deane; Dr. Hagan; Dr. Wolfe, Glasgow; Mr. Hughes, Llangollen; Dr. Brown, Weymouth; Dr. Baines, Northallerton; Mr. Clampitt; Mr. Craine; Dr. Rutherford, Birmingham; Mr. Arch. Farr; Mr. Grant, Wolverhampton; Dr. Donovan; Dr. Ogston, Aberdeen; Mr. Moore, Myton; Dr. Moxon, Old Kilpatrick; Mr. Hyde; Royal Institution; A Subscriber of Forty-six Years; C. L. J.; T. J., M.D.; Veritas; A New Subscriber; National Association for the Promotion of Social Science; Enquirer; Royal Society of Musicians; A. Z.; Vérité; A Reader for Forty Years; F. F. S.; An American M.D.; Medicus Epsilon; Ethnological Society; Chemicus; A Surgeon, Volunteer Artillery; Omega; Non-Medicus; A Subscriber; Vituperator; W. T. W; P. M. E.; Walter P.; W. E. K.; Anti-Bashaw; X. Y.; H. A. R.; E. H.; &c. &c.

Surrey Advertiser, Shrewsbury Chronicle, Hornet, Brighton Gazette, Northern Daily Express, Oldham Chronicle, Keighley News, Saunders's News Letter, Ipswich Journal, Sheffield Daily Telegraph, York Herald, Free Lance, West Somerset Free Press, Brixton Advertiser, New York Medical Record, Broad Arrow, Essex Weekly News, Leeds Mercury, Daily News (Jan. 14th), and *Lincolnshire Chronicle* have been received.

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